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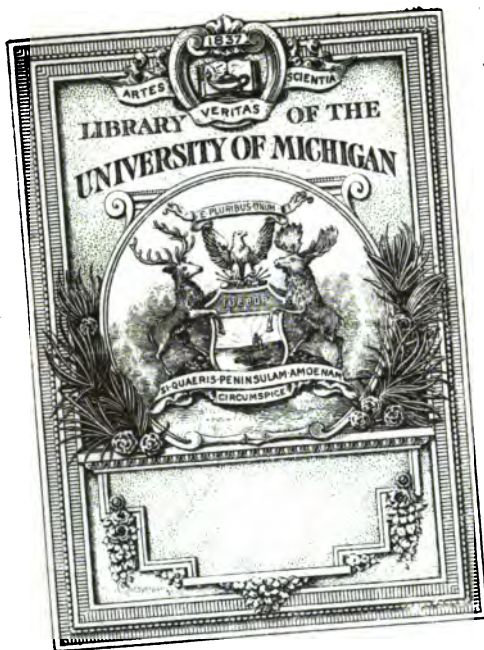
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# ORGANON

OF THE

## SPECIFIC HEALING ART.

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BY *Martin Michel*  
GÖTTLIEB LUDWIG RAU, M. D.

TRANSLATED FROM THE GERMAN,

WITH

AN ESSAY ON THE PRESENT INTERNAL CONDITION  
OF THE HOMŒOPATHIC SCHOOL,

BY CHARLES JULIUS HEMPEL, M. D.

NEW-YORK:

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## THE AUTHOR'S PREFACE.

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WHAT has induced me to devote myself, for the last seventeen years, to the study and propagation of the new doctrine, is not the love of system nor the spirit of party, but an intense conviction of its high worth. When after a practice of twenty-two years, I first commenced studying homœopathy, it was yet very imperfect, but even then I saw very clearly that it would rise above the character of an empirical art, and would even take precedence over any of the existing medical doctrines. My gratitude for *Samuel Hahnemann*, the author of the new doctrine, has not allowed me, however, to close my eyes to its existing imperfections. To aid in removing them, has ever been my warm desire; neither the contempt with which the thoughtless partisans of Hahnemann seemed to look upon my effort to impart to their new doctrine a higher scientific character, nor the uncivil denunciations which the blind champions of the old dogmatism have hurled against the new doctrine, nor the insulting names with which its disciples have been reviled by authors and editors of medical journals, will prevent me from accomplishing my purpose. I have always endeavored to acquaint myself with every new advancement in the medical sciences, and claim therefore the right of expressing an opinion on the present character and standing of homœopathy. I had hoped, but in vain, that some more able man, than I am,

would arrange the existing materials into a more scientific system of therapeutics. The time has come when this should be done, both for the benefit of beginning practitioners who require a guide in the more thorough study of our doctrine, and in order to show to our vehement opponents, that *discovered* principles are superior to those, which have been excogitated by human ingenuity. I have called this work "Organon," not because I consider it the last development of homœopathy, but simply because it is a record of my own views and experience. I am convinced that homœopathy is capable of constant progress, and consider it any body's right to proclaim to the world the result of his honest and earnest meditations. Truth belongs to mankind, not to the individual man ; what he considers truth, it is his bounden duty to state.

*Giessen, August, 1838.*

# ORGANON

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### INTRODUCTION.

THE highest object of medicine is to remove morbid phenomena, or, in other words, to restore health in the safest, quickest and most pleasant manner. A medical doctrine is of no value except in so far as it fulfils that end.

It is one of the characteristic features of our age to consider the usefulness of things, without paying any regard to the age of an institution, dogma or custom. It is not our purpose here to show that people often go too far in measuring the value of things merely by the material advantages which they procure. However, physicians would exhibit an untimely vanity if they would complain of having their knowledge and talent, and the value of their principles, critically examined, and of being asked, "What certainty have you? What guarantee do you offer that we will not be sacrificed to prejudice, or to the love of system, by confiding in you?" Questions like these have become much more frequent lately. Confidence in medicine has been destroyed by a blind party spirit; by the intolerance which one physician manifests towards another, and of which Hufeland remarked a few years previous: "*Every doctor who loses a patient is accused of having killed him, by those who do not think as he does.*" In former times medicine enjoyed a higher consideration, and if a reproach was uttered, it was against the wrong application of the principles of the school in isolated cases, or against the boldness of those who had dared leave the beaten track, which was considered the only safe one.

But now-a-days, the infallibility of a medical doctrine has become the subject of bitter satire; the contradiction which exists between the different medical doctrines having no longer remained a secret. Physicians who are careful observers, and are not carried away by the spirit of faction, still enjoy the reputation of being intelligent and able men.

I do not mean to say that systems have no value. We ought to look upon them as creations of a poetic ideality which are sometimes worthy of exciting our astonishment as works of art. Like brilliant stars, their object is to shed light on isolated observations, in order to unite them in one harmonious whole, and to guide us safely through the labyrinth of doubt and hypotheses. Systems should guide us in our practice, and their correctness should be measured by the means which we derive from the true application of their principles.

It is a remarkable fact that the name of the great physician of Cos has remained an object of veneration for thousands of years past, during the period of conservatism as well as of reform in medicine. Even the dogmatists, when at the very climax of their glory, have always spoken of the Hippocratic medicine with respect, and have never dared tarnish the glory of its author. It is not less remarkable that dogmatists, empirics, and eclectics appeal to him as an authority, although his greatest merit consists in teaching us the art of faithfully observing the phenomena of disease. This is his greatest merit. His philosophy is a rational empiricism based upon experience, his rules of practice are derived from experience. Avoiding dogmatism, he has never tried to arrange the results of his experience into a system. In his practice he was an eclectic, and had no other guide in the treatment of disease except his power of observing and individualizing it.

A number of distinguished physicians, both ancient and modern, have taken him as their model in practice, and we may say that the most successful and the most celebrated practitioners have kept aloof from systems, and have been eclectics.

In the course of time, however, the empirical treatment of disease became more and more difficult and uncertain, for the simple reason that the forms of disease are so various that even the oldest man could only become acquainted with very few of them by his own observation. The best memory is not able to hoard all the results of other people's observations, nor is it an easy business to distinguish truth from falsehood in that mass of relations of cures and pretended observations which are offered for sale every day. This is the reason why the most distinguished empirics are frequently greatly embar-

raised. In the absence of analogous observations, made either by themselves or by others, they are obliged to resort to an empirical treatment, which is often very doubtful in its results, or else they have to be guided by general rules of their own make. The necessity of analogous principles having been constantly felt, nothing is more natural than that attempts should have been made every now and then to establish the practice of medicine upon a solid foundation.

Justice requires that we should recognize all the importance of the attempts which have been made for upwards of two thousand years to attain that end, and that we should honor with the deepest gratitude the memory of those physicians who have sacrificed fortune, health, life even, to the advancement of medical science. This is not the place to give a detailed account of their devotion, of the services which they have rendered to the collateral sciences, or of the different systems of medicine: our object is to show in what manner we should proceed to reduce the rules of practice to scientific principles.

To appreciate the new doctrine which it is the object of the present work to examine, we have to compare it with the spirit of the old school of medicine; and, in order to enable our readers to accomplish that purpose, we shall, without entering upon any unnecessary details, furnish an account of the means which have hitherto been resorted to to cure disease.

By merely casting a glance at history, we perceive that medicine has always progressed apace with civilization. We will not inquire whether chance or instinct has first made us acquainted with the medicinal virtues of certain substances in certain diseases. In the first ages of the medical art the knowledge of remedies was evidently very imperfect, and the art of curing consisted merely in administering certain remedies which had been found efficacious in certain cases, whenever similar cases should occur again. This was gross empiricism, based exclusively upon a superficial comparison of the external symptoms of disease, and adapted only to the infancy of humanity. When the human mind had been more developed, man began to reflect on the first causes of the phenomena of nature—on the modifications which they undergo. In medicine, attempts were made to establish a rational mode of treatment, the fundamental principle of which was to remove the cause of the disease, and, in this way, to cure the disease itself.

The principle, "*tolle causam*," has been followed until this day, and has only been objected to by some upon the ground

that the cause, being in most cases hidden from our senses, can only be discovered by speculative reasoning. In such a case, it is easy to fall into errors; every author of a new system has endeavored to guard against errors, and all have succeeded more or less, but none of them entirely.

Inasmuch as at an early age even, the phenomena of disease were considered manifestations of an anomalous vital force, this view necessarily led physicians to reflect on the vital force itself, and to ascend to the causes of the perceptible phenomena. Henceforth medicine became subject to the influence of philosophy, as every one may see by looking at the philosophy of Plato.

The philosophy of that age was a daughter of poesy; and a great portion of it had remained poesy. Hence it was more convenient to *imagine* than to *discover* principles, for this additional reason, that the physical sciences were still in their infancy, and therefore unable to furnish to speculative science reliable points of support. In the absence of such points any attempt to discover the first principles of things, must necessarily lead to fanciful speculation. It has been frequently asserted, on this account, that medicine cannot gain any thing from its alliance with philosophy. This assertion is only true, however, if one confounds a principle invented by human ingenuity with a fundamental truth, and adopts such speculative principles as the highest rules in practice. Philosophers have never succeeded in discovering the first principle of life, and in lifting the veil which covers the mysterious existence and nature of the soul. Pythagoras and Plato have shown a good deal of ingenuity by considering the play of the vital forces as a circular or elliptical movement, or as an oscillation between the two extremities of a line; but their philosophy has not advanced medicine a single step; and however beautiful and interesting their speculative reasonings may appear, they have so far been of no sort of avail at the bed-side of the patient.

This is not the place for entering upon a critical examination of the different systems of philosophy, most of which have, in times past, been mere repetitions of the philosophy of Plato and Aristotle, or attempts to conciliate these two thinkers, the former of whom has become the leader of the spiritualists, whereas the latter has devoted his efforts to the defence of materialism. It may be said in general terms, that mere speculative reasoning has had very little influence on the natural sciences and on medicine. Abstract reason is sufficient to establish the general necessity of certain phenomena, but it requires real, positive observations to substantiate speculative



doctrines. The *idealists* neglect too much the slow and laborious process of observing phenomena to investigate their first cause by means of analogy, to derive general laws from facts, and gradually to rise from the lower to the higher.

The *analytical method* is another system of philosophy, without which there can be no rational medicine, and which is at once more practical and more fertile in results. The object of the analytical method is not to lose itself in speculations about the essence of things, but to observe the changes which take place in the phenomena, and to avail itself of individual observations for the purpose of arriving at a knowledge of the causes by sound logical conclusions.

The gigantic steps which have been made in the natural sciences invite us to arrange the facts obtained under a general law and to trace them to their cause. Analysis and speculation are both busy in accomplishing that work. He who is animated by the desire of attaining a higher degree of knowledge, must be rejoiced to see so many men engaged in cultivating it. It is probable that we shall never arrive at a perfectly satisfactory solution of the problems of nature; but the better we succeed in accounting for the various manifestations of vitality, the better we shall be able to restore health.

What is more particularly in the way of progress, are the multiplicity of the questions which the study of the unity of all the natural phenomena suggests, and which have so far remained unanswered, and a tendency inherent in our minds to study in one direction only. Even in pursuing the analytical method, we are led to select among the great mass of natural phenomena some as more particular objects of inquiry, and to establish laws as general, which are not so in reality. Unwilling to give up a favorite idea and obliged, on the other hand, to demonstrate the pretended truth of a theory, the mind plunges into a labyrinth of sophisms based upon premises which are so false that it is sufficient to break down a single one of them, to overthrow the whole structure.

Thus we see how dangerous it is to generalize too soon or too much, whereas, by a careful individualization, and an impartial examination and observation of isolated phenomena we shall discover their fundamental laws in the surest manner, and at the same time become convinced that general principles, without losing anything of their generality, are frequently obscured by apparent exceptions.

In considering these different methods, we shall be able, without much trouble, to account for the various systems of medicine. They all have a common end, which is to remove

the known causes of disease; or, in other words, to apply a *rational treatment*; but they differ in regard to the means which the spirit of inquiry has pointed out as the most proper to attain that object. Idealism and empiricism govern in medicine as in philosophy. The former, starting from a preconceived idea of the moving forces of things, inquires particularly into their invisible and occult qualities, and loses itself in fruitless attempts to account by general cosmic principles for the numerous forms of individual life.

Recognizing the difficulty, or rather the impossibility of constructing a practical therapeutic system in accordance with the vast conceptions of the idealists, the partisans of rational empiricism have simply endeavored to elevate medicine to the rank of an experimental science.

Huts and houses have been built, and bridges constructed, long before any one thought of writing a systematic treatise on architecture. In a similar manner the materials of a special therapeia had first to be collected before it was possible to compare them with one another, to deduce from them the conditions of similar or analogous phenomena, and to establish the principles of a general therapeia by logical reasoning. This route, however, does not lead to the discovery of a system which is based upon a knowledge of the fundamental principle of life. Our knowledge is, in a great measure, fragmentary. Even those branches of medical science which have been cultivated with the greatest care—osteology and the anatomy of the soft parts—are still imperfect, and are enriched every day with new discoveries. Physiology is still less perfect. We do not yet possess an accurate knowledge of the structure of the organs; we are still less acquainted with their importance and their functions. The majority of the most important phenomena, nutrition and sanguification, are still mysteries for us, and our knowledge of the sympathetic relation of a great number of organs is still very incomplete.

Pathology is based upon physiology, because we require to know the laws of the vital functions in their normal conditions, before we can obtain a clear notion of their anormal changes. In considering the narrow limits of our physiological knowledge, we will not be astonished at the obscurity of pathology, and the vagueness and uncertainty of our therapeutic principles will at once become manifest. This uncertainty is denied, it is true, by a great number of physicians, particularly by those narrow-minded practitioners who accord an unlimited faith to the text-books and lectures of their teachers, and who, under the cloak of those authorities, think

of nothing more sedulously than of obtaining a large practice; or perhaps by those who have too high an opinion of their own wisdom, to admit that the splendor of medicine is darkened by extensive spots. On the other hand, a number of distinguished practitioners and celebrated writers, have complained of the imperfections of our science, and have shown that *those who know most, feel them most keenly*. The admissions of such men ought to convince us that every thing which has been accomplished hitherto on the field of science, bears the impress of imperfection. Nevertheless, we ought not to despise the efforts which have been made, howsoever unsuccessful, to enrich our knowledge, and we ought to admit that science gains something by all these attempts at establishing order among its phenomena. The zeal of those who cultivate it, will be reanimated by publishing that which is still wanting.

Objective perceptions which constitute, properly speaking, the foundation of our knowledge, have first revealed to us the existence of certain anormal modifications in the material sphere of the sick organism, such as general or topical atrophy or hypertrophy, swellings, boils, nodosities, ulcers, blotches, vesicles, rhagades, exanthemata of every kind, changes in the color of the skin of certain parts of the body, increase or decrease of animal heat, a greater or lesser quantity of sweat than usual, or changes in the character of the sweat, gaseous exhalations, changes in the breath, tears, nasal or buccal mucus, saliva, cerumen, alvine evacuations, urine, semen, mucus of the urethra and vagina; morbid appearances in the blood, particularly the menstrual blood, in the milk, lochia, etc. Post-mortem examinations have revealed to us more or less general changes of structure, an irregular development and position of certain organs, pseudo-membranes and filaments with unnatural adhesions, interstitial distentions and softenings, complete changes of substances, indurations, concretions, ossifications, obliterations, dilatation of vessels, irregular formation of new vessels, internal swellings and excrescences, polypi, funguses, tubercles, effusions, etc.

By an examination after death, we have even discovered changes in the quality of the blood, bile, pancreatic juice, intestinal mucus, and other fluids.

By means of chemistry we have discovered different proportions in the composition of the tissues, and all these facts have been made use of to explain morbid phenomena. It has been for a long time supposed that disease depended on material changes in the organism. It is undoubtedly true that essen-

tial changes in the material tissues which are the substratum of the vital forces, must occasion differences in the manifestations of those forces.

The physicians who incline to materialism, have divided themselves into two classes, *the iatro-physical* (mechanical) and *the chemiatrical* (chemical) school. The former school considers simply the structure of the parts representing the bones as the superstructure, the muscles as so many levers, the heart as a sucking pump or a compressing apparatus, the small vessels as sucking tubes or a filtering apparatus, &c. According to the mechanical school, disease is occasioned by derangements in the machine, it leaves the motor force out of all consideration. The influence which that school has had in medicine, has been more sensibly felt in physiology and pathology than in therapeutics; and even at this moment, when such great improvements have been made in the physical sciences, particularly in the study of electricity, galvanism and magnetism, the modes of the mechanical school are resorted to, to explain in a more or less satisfactory manner any phenomena of vitality. In a most ingenious manner the vertebral column has been compared to the pile of Volta, the nerves to the conductors of the fluid, and the secretions have been considered results of the effects of a closed galvanic chain. This solution of the problem of vitality is, however, too little satisfactory to promise great advantages to the science of curing disease.

The chemical philosophers have only considered the composition of the substances constituting the organism. They are divided into solidists and humoralists, the former of whom consider the *solids* as the primary sphere of the probable causes of disease, the latter the *fluids*. The solidists are more nearly related to the mechanical philosophers. Humoral pathology rests upon the supposition that all organized bodies have gradually developed themselves out of liquids by a process of crystallization and condensation, and that the solids of the human body are derived from the fluids. They have simply forgotten, however, that forms, whether they belong to the species, the variety, or the family, are subject to the mysterious action of the vital force which causes the oak to spring from an acorn and not from a coffee-bean, the eagle from an eagle's and not from a goose's egg, or the rhinoceros from his like and not from a goat. They have forgotten that these organized fluids are the products of the activity of the secretory vessels, and, that the deterioration of the fluids must therefore be owing to a more deep-seated cause. The idea, that disease resulted from an alteration of the fluids, had become so fascinating, that

a system of pathology and therapeutics was constructed in accordance with it, the only object of which was to expel the vitiated humors, and to correct those which could not be removed, by means of chemical remedies. A glance at the history of this doctrine shows us a heap of hypotheses to which Anaxagoras and Gallienus, Erasistratus and Aetius have contributed. Sylvius de la Boe was the first who attempted to write a systematic treatise of humoral pathology; he may therefore be considered the founder of that school. Alternately defeated and triumphant, his doctrine has found opponents and partisans, even in our time.

We shall not deny that the humors have some claim to our attention, and that they occasion pathogenetic effects in the organism (unlike *Fernelius*, for instance, who asserts that the fluids should not be considered as belonging to the organism); but to consider them the primary cause of disease, appears to us a sad return to materialism, which has unfortunately found a number of partisans at the present time.

It was reserved to the genius of *George Ernest Stahl* to found a new school, the *dynamic school*, which studies principally the motor force in the organism. According to the dynamists, it is this force that produces all the organic and functional changes in the organism. This is not the place to inquire whether Stahl is the only author of that system, or whether the idea has been suggested to him by *Van Helmont*, *Perrault*, *Descartes*, etc. Nor does it matter whether Stahl's idea of the soul being the first cause of all organic activity, is really new, or whether the *evocues* of Hippocrates, the archæus of Van Helmont, or vital force or principle, is the same as Stahl's soul.

But he, as well as a number of his partisans, has made himself liable to the charge of having, like other schools, viewed the matter only from one side. For a long time one had endeavored to account for all physiological and pathological phenomena by arguments drawn from the organic structure and composition of the humors. The school of Stahl did exactly the contrary, and without any more reason; it viewed the active, moving, modifying force in the organism as an abstraction; as if that force could act and move in the organism independently of its material forces.

By giving one's self up to the doctrine of the vital forces, it became impossible to avoid falling into a multitude of sophisms and extraordinary hypotheses. It is not our intention to dwell upon them here, contenting ourselves with merely mentioning the purely dynamic system of *Brown*, the foundations of which

had been laid by *Louis Roger*,\* more than a century before, who taught that irritability is only a disposition or property by means of which the vital force is enabled to manifest itself, but that irritability is not the only and sufficient cause of those manifestations. This was Brown's explanation of life, who considered incitability the internal, and the surrounding world the external factor of the vital force.

This system commended itself by its simplicity to unexperienced physicians and laymen. For a long time it had a number of partisans, and would have lasted much longer, if its nosology had been more conformable to experience, and if a want of success in the treatment of disease, agreeably to Brown's principles, had not made their falsehood evident. According to Brown, every disease resulted from an excess or deficiency of vital action; hence he arranged all diseases under two general heads.

Brown's system gave rise to that of Broussais, who, starting from a similar principle, considers every disease as one of local irritation. It is from this position that all his therapeutic principles were deduced—those enormous depletions, and that monstrous vampyrism which posterity will look upon as one of the great errors of our age.

Another modification of the theory of irritation is the doctrine of counter-stimulation by Rasori, who, like Brown, admits only of two principal forms of disease opposed to one another: excessive, or deficient activity, representing the ancient *strictum* and *laxum*—contraction and relaxation. The treatment which has been deduced from this principle, consists in administering large doses of remedies supposed to be contrary to the disease. These remedies have been divided into two classes in the most arbitrary manner, and which is by no means justified by experience. In spite of the apparent harmony of this system, it could not be expected that it would acquire any considerable influence; the poverty of that system was too apparent, and the spirit of our age is totally averse to speculative theories, and requires solid arguments to accept a doctrine.

Brown's system and the theory of irritation to which it had given rise, had given a new impulse to speculation, and had furnished a most favorable opportunity for the construction of a system in accordance with the dictates of the philosophy of nature, which was based upon the supposition that the general

\* Specim. physico-logic. de perpetua fibrarum muscularium palpitazione, novum phaenomenum in corpore humano, experimentis detectum et continuatum. *Gotting.* 1660.

laws of the universe controlled the existence of every single object, and that we must resort to pure reason, in order to discover the therapeutic method which is harmonious to those laws. This system is dynamic in its character, since its fundamental idea is that of force, by means of which the perceptible phenomena of life are accounted for; this system is less incomplete than most other similar systems, inasmuch as it does not omit the material sphere of the organism, and recommends particularly the analytical study of the organs; practical medicine however has not yet derived any advantage from that system.

No one will deny that the pathological alteration of the organs, which we are bound to consider the vehicle of the vital forces, must necessarily modify the manifestations of those forces. But in spite of the light which the physical sciences have shed on the dynamic action of things, a retrogradation to the grossest materialism evidently threatens pathology; since anomalies in the formation and composition of tissues are mistaken for the essential principle and cause of disease; as though those anomalies could exist independently of the reproductive vital force, and as though they could be any thing else than mere products of an abnormal activity. There are pathologists who are on the point of overlooking the existence of a vital activity, and reject almost every thing which they do not either see or hear. Stethoscope, plessimeter, and microscope, are their surest means of diagnosis, and there are physicians now-a-days who know more about the movements and the covering of the blood-disks, than about the mode in which morbid conditions develop themselves. The great use of pathological anatomy cannot be doubted; we should guard, however, against attaching too much importance to it.

In the course of a great number of diseases, material modifications take place, which make us indeed acquainted with the course the disease has taken, but do not reveal to us the principle and cause of the disturbance; hence it is that pathologists are all the time disputing about the fact, whether certain organic anomalies are the result of inflammation, or the product of a primarily disturbed, reproductive activity. Such anomalies are: softenings, relaxations, dilations, strictures, obliterations, hypertrophies, tubercles, indurations, etc. To this class belong likewise the intestinal ulcers, which some believe to be the origin, others the result of typhus abdominalis. Alterations are frequently discovered in bodies, which have taken place after death. I may mention the coagulation of the blood in the heart and the aorta, which has given rise to many errors, the watery effusions in the brain, after a fatal

stroke of apoplexy, and the changes of color which are observed in internal parts, the red appearance of which is not always a proof of inflammation, as has been sufficiently shown by the observations of *Rapp*<sup>1</sup> and *Yelloy*.<sup>2</sup> The absence of redness, according to *Rapp*, is, on the other hand, just as uncertain a proof of the absence of an inflammatory disease, particularly in the intestines, since the discoloration may have been occasioned by certain gases, such as the sulphureted hydrogen gas.

Our knowledge of the modifications which the substance of the organs undergoes in disease, is as yet very imperfect. We know as little of the changes of the blood and humors, and we cannot help being astonished at the boldness with which the imperfect and often contradictory results of the investigations which have been made until this day, and which are mixed with a great number of hypotheses, have been considered by some physicians as proofs that the anomalies in the composition of the humors are the primary causes of disease.

In investigating the causes of the alteration of the humors, the attention of pathologists has first been directed to the blood, inasmuch as it contains the substance which serves to develop the organism; for no one can deny that the composition of the blood and of the humors is liable to various, sometimes important modifications. For a long time past it has been admitted that the blood of scorbutic and chlorotic patients contains an excess of serous particles, and is deficient in fibrin; and that the blood of pregnant women contains an excess of coagulable lymph. *Wittstock* has discovered in the blood of cholera patients a diminution of from one to seven per cent. of fibrin, which was, moreover, less white when washed, than that of the healthy blood. He has, moreover, discovered in the right ventricle a blood resembling tar, and mixed with polypous coagula. According to *Jennings*, the blood of arthritic patients contains an excess of phosphoric acid and azotic substances. According to *Stevens*, the blood of yellow fever patients is deprived of its saline particles. According to *Andral*, the blood becomes more copious in inflammatory fevers; and, according to *Scudamore*, it contains three times more fibrin and less saline particles. In a patient affected with pulmonary phthisis, who was bled when the disease had reached

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<sup>1</sup> *Regis Guilielmi festum natalitium*\*die 27 Septemb. indicit rector et senatus Tubigensis; præmittuntur annotat. pract. de vera interpretatione observationum anatomie pathologicæ. *Tubing.* 1834.

<sup>2</sup> *London Med. Gaz.* Decemb. 1835.



a high degree of development, and the patient was as pale as death, *Zaccarelli* observed that the blood had the color and odor of milk. *Sion* made a similar observation in the case of a man who was bled on account of a profuse hemorrhage from the nose and mouth, with tumultuous movement of the heart, anguish and want of breath. *Carswell* says that he has never seen tubercles without a morbid condition of the blood. Many other similar observations furnish such convincing proofs of the alteration of the blood, that its existence cannot reasonably be doubted. Nor will the correctness of these observations be doubted by the dynamists or by the solidists: as regards the difference of opinion between the latter and the humoralists, it is simply this, whether the changes in the composition and cohesion of the blood are the immediate consequences of external causes, or whether they have been occasioned by the instrumentality of the vital force.

The organism obtains the materials for its reproduction from the surrounding world by means of the stomach, the respiratory organs and the skin. The transformation into blood of the substances which have been introduced into the stomach, is principally effected by the process of chylicification, which is therefore a secondary act, inasmuch as it presupposes the vital activity of the digestive organs. The alteration which occurs in the blood by the admixture of heterogeneous particles, may take place by a shorter route, by the almost evident absorption of the capillary vessels in the intestinal canal, the lungs and skin. Contagious diseases invade the organism most probably by the two latter avenues. But if this absorption simply took place in accordance with the principles of hydraulics, independently of the vital force, it ought to continue under any circumstances. If we consider, however, that the reception of the contagium into the organism by either of the aforesaid ways, implies the necessity of a certain predisposition or adaptation of the organism; if we consider that a great number of individuals, owing to the energy of their vitality, can expose themselves to the most pernicious influences without being infected, and that they remain free from typhus or yellow fever in the midst of the Pontinian marshes, and at Havana as well as in New-Orleans; that others can touch patients dying of the pest; that others again are never infected with the syphilitic virus even in the midst of the most licentious intercourse with prostitutes, we cannot admit that absorption takes place in accordance with physical laws as liquids ascend in capillary tubes, or that the introduction of the contagium into the blood and the corruption which takes place in this

fluid are chemical processes. On the contrary we are obliged to look upon these changes as true vital functions, and to suppose that the fundamental condition of their occurrence is a disturbance of the vital forces. The breath of an individual affected with a contagious disease, is sometimes sufficient to communicate it, and to call out instantaneously morbid phenomena. It is less possible to admit, that the mass of blood can be primarily altered with the rapidity of lightning by a contact with the imponderable contagium, than that the vital force can be suddenly disturbed by means of the nerves, of which disturbance the reproductive sphere particularly offers many instances. Fright, for instance, may occasion such a sudden change, by means of the nervous system, in the condition of the nurse's milk, that the infant may be thrown into convulsions. The difference of the blood in the different periods of fever, is a still more striking proof of the fact that the alteration of the blood is a secondary effect of a primary disturbance of the vital forces. According to *Jennings* the blood flows slowly in the first period; it is of a dark color, coagulates rapidly, and forms a thick coagulum of a dark color. In the second period, the blood flows more rapidly, does not coagulate as rapidly, and forms a more solid coagulum which is sometimes of a lighter color. In the third period, at the stage of collapse, it flows very rapidly, is of a watery consistence, dark, and coagulates imperfectly. It is well known that the blood, according as it is drawn at different periods, forms a coat which is more or less thick, or does not form any.

A good deal of importance has been attached to observations which have been frequently repeated, that the substances which have been introduced into the blood, are discovered in the secretions. *Pereira* has given us a large collection of such observations. A great number of experiments, however, have shown, that these substances cannot be discovered in the blood. *Schnurrer* says, that the blood develops in a latent manner every thing which penetrates it by the lymphatic vessels and the absorbents, and compares, with much ingenuity, the secretory organs to prisms decomposing the ray into its primary colors.

Some observations seem to show that substances may be introduced into the circulation without undergoing a total change. The *Courier of New-York*,\* for instance, relates the case of a man who had drunk two gallons in five days, and whose blood took fire when a match was held to it, and burnt

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\* See *Froriep's Notes*, Vol. XLVIII., No. 4.

for, half a minute with a bluish flame. This does not show, however, that the alcohol was mixed with the blood without having undergone any alteration. It is very probable, on the contrary, that some modification had taken place, and that an inflammable hydrogen gas had been formed. All attempts to inject medicinal or heterogeneous substances into the blood have shown that the most violent and sometimes the most dangerous reactions ensue. As similar reactions have not been observed in cases where, according to *Herr*, the most diverse substances which had been introduced into the stomach are said to have been discovered in the blood, such as iodine, hydrothionic acid, prussic acid, turpentine, oil of dippel, rhubarb, etc., one is entitled to doubt the correctness of those observations, and to believe that those substances which had become latent in the blood, were not so much *educed* as *produced* by the chemical analysis.

A certain correlation between the composition of the blood, the fluids and the things which are introduced into the stomach, cannot be denied. It cannot be denied, for instance, that persons who are badly nourished have poor fibrin, or that the organism may be saturated with certain substances, such as mercury, kali, logwood, which tinge the bones and even the teeth. But all these changes do not show that the blood is primarily diseased. The change in the quality of the blood depends rather,

1. Upon an insufficient absorption of the necessary substances.
2. Upon an anormal secretion of substances which are component parts of good blood, and which should therefore not be separated from it.
3. Upon a disturbance of the secretory and excretory functions.

These causes, admitted by *Herr*, of the morbid alteration of the blood, show that it arises from a disturbance of the vital forces, and we know that the disorder can only be removed by regulating the vital functions; and not, as has been supposed, by means which restore the normal proportion of the ingredients agreeably to the laws of chemical affinity, in the same way, for instance, as alkalies are neutralized by acids. The difference between the solidists and humoralists is one of opinion merely, for in practice they follow pretty much the same methods, although they explain the action of the remedies differently.

An attempt has been made to class the phenomena of life under three distinct heads, *formation*, *motion*, and *sensation*,

and for these different manifestations of vitality, different fundamental forces have been admitted: *reproduction* as the principle of formation; *irritability* as the principle of motion; and *sensibility* as the principle of sensation. These three principles have been looked upon as the primary factors of vitality. Their harmonious relation constitutes health; disease arises from the inordinate influence of any one of them. As material representatives, or carriers of these primordial elements of vitality, three particular orders of organs are likewise distinguished; hence, also, three orders of diseases: those of the reproductive, irritable, and sentient sphere.

Very few practitioners, however, have engaged in these speculations; even the partisans of this system are not always agreed among each other, and yet they talk of diseases of reproduction, irritability and sensibility, with as much assurance as if the correctness of those distinctions and divisions could not be doubted, although it is sometimes impossible to derive the least practical advantage from them.

The organs of the reproductive system are liable to diseases which do by no means show that the reproductive activity is at fault, but that there is a disordered sensibility or irritability. A disturbance of the sensitive sphere is frequently perceived, by the disorder existing in the reproductive sphere; a fright, for instance, causes vomiting or diarrhoea; jaundice is excited by chagrin, etc. These, and a great number of similar observations show us such an intimate union between the three factors of vitality, that one feels tempted to admit with *Gauthier*, *that the vital force of the organism is an unity manifesting itself differently, according as the form and structure of the organs are different*, in the same way as the effects of electricity differ amongst each other, according as the bodies in which the electrical force is perceived, differ in form, matter, and density. Admitting that physiology has gained by such studies, we cannot, however, admit that special pathology and therapeutics have gained as much. Who will deny the endless difficulties which we encounter in numberless cases of disease in determining which of the three systems, or which of their particular organs, has been primarily invaded? and who will deny that it is impossible to define the special therapeutic indications without resorting to empiricism?

The vehement opponents of the specific method of treatment which has been cultivated with so much care and success for some years past, seem to overlook the uncertainty of their treatment in praising it in such extravagant terms, and designating it exclusively by the term *rational*, as if the spe-

cific treatment did not merit that appellation. Upon beholding so much partiality, we are led to ask, *What is rational treatment?* Rational means evidently "conformable to reason;" rational treatment is a treatment the principles of which are in accordance with the knowledge furnished by pure reason. Would it not be wise to prefer principles which have been *discovered* by observing Nature's facts, to principles *suggested* by human ingenuity? The opponents of the specific treatment forget, in their blind vehemence, that all our works on pathology and therapeutics are filled with contradictions, which cannot be otherwise, since the knowledge which we possess of the proximate causes and of the essence of disease, is derived from our individual perceptions which are liable to constant changes. Fever, rheumatism, inflammation, and such like terms, are in every physician's mouth, and yet physicians have not yet agreed on one definition of fever, among the many which have been offered, nor upon the essential difference existing between the different kinds of fever. Mention is indeed made of concealed fevers; that is to say, fevers which are not fevers, and which do not come under any definition. The same remark applies to rheumatism. The seat even of rheumatism is as yet under controversy; nor do physicians adopt the same mode of explaining the rapid changes of locality, or the variability of the rheumatic pains.

In regard to inflammation, opinions are just as much divided. All that we know of the Asiatic cholera is the manner in which it shows itself to our senses: the most penetrating observers have not yet succeeded in observing its seat. Hundreds of bodies have been dissected; the blood of cholera patients has been analyzed; the crudest empiricism has been resorted to in administering piecemeal the most heterogeneous medicines, and yet, according to the testimony of the public authorities, no more patients have been saved in this way than the homœopathic physicians have saved with their simple method. It might be said in reply to this, that the cholera was too recent a disease to admit of any profound inquiry into its inmost nature; but our knowledge of a great number of other diseases, which occur very frequently, is unfortunately not much more accurate. For years past so much has been said, for instance, about delirium tremens, that one should think a satisfactory explanation of the nature of that malady might have been arrived at by this time; but, in perusing the different works which have been published on that subject, we encounter the most contradictory hypotheses by the side of therapeutic principles which do not agree any better with the theory.

It is not yet ascertained whether in delirium tremens the brain is affected primarily or by sympathy. *Armstrong* considers delirium tremens a venous congestion of the brain and liver consequent upon an increased action of the heart and arteries occasioned by a previous irritation. *Klapp* derives the cerebral affection from a disturbance of the digestive organs; *Sandwith* from a venous congestion of the abdomen; *Haughton* from an inflammation of the stomach; *Playfair* from a morbid condition of the liver and the intestinal secretions. According to *Goeden*, the seats of the disease are the solar and celiac plexuses, and the cerebral affection is merely consensual. *Günther* thinks that the cerebral affection is partly idiopathic, occasioned by metastatic deposits, partly consensual, occasioned by the gastric irritation. *Toepken* supposes that the cerebral affection is consensual, and emanates from the celiac plexus. According to *Perry*, the affection consists in a febrile cerebral affection, which is to a considerable extent of an inflammatory character. According to *Sutton*, it is a particular irritation of the brain bordering on frenzy. According to *Andreae*, it is a real inflammation. According to *Bischoff* it is an asthenic cerebral inflammation. *Harless* considers delirium tremens a superficial cerebral inflammation, rather of an erysipelatous nature, an asthenic paraphlogosis of the meningeal membranes and of the brain. *Blake* thinks that it is an indirect weakness of the nervous force, occasioned by a morbid activity of the brain and nerves. *Hufeland* supposes that it is nothing but a passive nervous delirium. *Wassersfuhr* admits that the alcohol is transformed into blood, whence comes intoxication, until a continuous cerebral affection ensues, when the organism is no longer able to assimilate the alcohol. According to *Spaeth*, the cerebral affection results from a rupture of the equilibrium existing between the brain and the abdominal nervous system. *William Stokes* recognizes two principal kinds of delirium tremens, one arising from the want of irritability, for which he prescribes a severe diet; the other from an excessive irritation, which he combats by means of leeches and ice.

We might go on multiplying these quotations to show the difference between the opinions; but it suffices to take the first best monograph of any disease, to become convinced that, although we possess a large number of excellent descriptions of disease, yet all our knowledge relative to the causes of disease, is scarcely any thing but speculative, and a tissue of contradictions. The opponents of the specific method of treating disease generally overlook the frank confessions of such men as *Boerhaave*, *Peter Frank*, *Hufeland*, *Hildenbrand*, and of so

many other estimable savans, in regard to the imperfections of medicine; and they do not hesitate to designate by the term *rational* any treatment, even unsuccessful, which is based upon a hypothesis, provided it is defended with a show of logic. That kind of logic, however, is of less importance to the patient than his recovery; the patient cares little about the principles of the school, an ideal system: he wants to be cured.\*

The physician who obstinately pursues an *ideal* object, frequently loses sight of the *actual* object of his treatment. Mesmer was once asked what baths were most healthy; he answered: Formerly it made no difference whether a bath was taken in a room or in the open air; but ever since I have magnetized the sun, it is better to bathe in water that the sun is shining upon. Another learned man, who is still living if I am not mistaken, and who has made himself known by his medical publications, magnetized, some years previous, the university buildings of Heidelberg, in order to inspire the students with a higher enthusiasm for science. Such errors excite our mirth, whereas the daily example of the obstinacy with which prejudices are defended, excites rather our compassion.

The celebrated author of the work on "*Experience*," the Chevalier *Zimmermann*, saw in every disease visceral obstructions, and prescribed to all his patients dandelion, on which account he was surnamed the *Knight of the Dandelion*. I know a well-informed physician who imagines that in every case of disease that he treats there is some latent affection of the spleen. Some see in every disease masked gout; others lose themselves in the dark region of the piles; others again,

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\* Some time ago I lent to a learned friend of mine, who is no professional physician, a manual of special therapeutics which is in the hands of every physician. He wished to consult the work in relation to the case of a person who was closely allied to him. On returning it to me, he told me: "The reading of this book has discouraged me entirely, for I had a much higher idea of your science; but all I found, was a variety of methods according to which this or that disease can be treated, without discovering any specific indications for one or the other method. It seems to me, therefore, that it is the caprice of the physician which decides about the method, and that the patient's life frequently depends upon the chance of a lucky choice; if the cure does not take place, physicians have always some authority to shield themselves by."—I replied that a manual of therapeutics could not be as positive as that of a brewer or dyer, and that it must be left to the judgment of the physician to decide what method is the best in every case. My friend, however, was perfectly right in saying, that too much room is left to the arbitrary disposition of the physician, and the patient's fate frequently depends upon the school in which he has formed himself, upon the system he has adopted, or upon the method he follows.

with Hahnemann at their head, suspect nothing but latent psora; others, lastly, trace every disease to some rheumatic affection, and, whatever the patient may say, they will succeed in making out that the functions of the skin had been disturbed some time previous. Upon this supposition they wrap him in flannel, and administer sudorifics, which make him still more sensitive to the disturbing action of the air. At the present time, tubercles in the brain, ulcers in the intestines, inflammations of the spinal marrow, are all the fashion, and serve to account for a great number of morbid conditions. No system has as yet succeeded in limiting this arbitrary mode of generalizing, and this mania of tracing certain fundamental disorders. Frequently, however, the wish has been expressed of possessing a therapeutic law which would give us some certainty, and would enable us to avoid the danger of groping in darkness, or losing ourselves in the maze of hypotheses.

For many years, in order to apply a rational treatment, and conform to the principle, *tolle causam*, physicians have endeavored to determine by their reason the proximate hidden cause of disease, and to base their treatment upon such a cause. This treatment has been more or less successful, according as one started from premises that were more or less correct. The tendency to idealize, to arrive at a knowledge of the invisible causes of disease by pure reason, is the dangerous cliff that *Samuel Hahnemann* has endeavored to avoid in establishing the principle that nothing can be known of disease with certainty except its perceptible phenomena. With this principle he has coupled the assertion that this is all that a physician who is otherwise acquainted with the pathogenetic effects of drugs, requires to select the proper remedy. The author of this doctrine has developed it with a boldness which has scarcely ever been equalled; and, in order to make the want of fixed principles more keenly felt, he has described the weak sides of the old school in the most repulsive colors, denying that it has been of any use whatever. The partisans of the old school, called rational not without a good deal of presumption, have used every endeavor to preserve for it the influence it enjoyed, and to cover the new doctrine with ignominy. The revolutionary boldness with which it overthrew every thing which had been previously admitted in medicine, excited an extraordinary sensation. It would be improper to find fault with the desire implanted in human nature, to preserve what had been carefully cultivated for years. Frequently, however, that desire increases to a censurable conservatism, betraying weakness, an unwillingness to free one's self from



the yoke of habit, or a condemnable egotism which is averse to follow the road pointed out by some one else. Equally censurable are the vehemence with which young and inexperienced disciples of Hahnemann have ridiculed every thing which had been done in science without being able to appreciate it; and the presumption with which, after one or two lucky cures, they have considered themselves capable of curing any case of disease. But the doctrine itself ought not to be confounded with the weaknesses of its partisans. The extravagant praise which is bestowed upon it by some ardent admirers, ought to be received with caution, although the unjust and malignant criticism of its vehement opponents is justly condemnable.

The new doctrine, such as it has been presented by Hahnemann, and admitted as sacred by a great number of his disciples, does not, in our opinion, satisfy a just and impartial criticism. But the homœopathic principle, which is the corner stone of the new doctrine, is so important, and after careful experiments, has been recognized by so many physicians free from prejudice, that the overthrow of the homœopathic school need no longer be apprehended, notwithstanding the hazardous or uncertain assertions with which the doctrines of that school are interwoven. We make this statement in the supposition that no higher principle of cure will be discovered hereafter. Among the adherents of the homœopathic school, there are some who do not adopt all the opinions of Hahnemann, and who do not follow his precepts without examining them critically. I beg leave to remind my readers of the remarks, which I have offered in 1824, in the first edition of my work, entitled, *on the value of the homœopathic treatment*, and which were intended to show the necessity of cultivating the new doctrine scientifically. Others have felt that necessity, like myself; have proclaimed it without fearing the reproaches of those who delight in servile obedience, and have made every exertion to discover errors, reject inadmissible hypotheses, submit dubious assertions to a severe criticism, and, above all things, develop the new doctrine.

Attempts have been made, to combine homœopathy and the old system of medicine. But all such attempts must prove fruitless, for the simple reason, that the therapeutic principles of the old school are contrary to those of the new, although the general object of the treatment, the restoration of health, is the same in any system of medicine.

The science of therapeutics includes three different principles, and as many different methods. They are:

1. The antipathic or énanthiopathic method, based upon

the ancient principle of Galenus : *Contraria contrariis opponenda*.<sup>1</sup> According to Galenus, the rational treatment of disease consists in always administering remedies which, by their primary action upon the organism, produce a condition opposite to that which it is intended to remove. The antipathic treatment must necessarily have been the first that suggested itself to the mind. He who has burnt his hand, is impelled by some internal movement to plunge it into cold water ; he who suffers with cold, endeavors to get in a warm place ; he whose tongue is dry and parched, endeavors to moisten it by drinking cold water. Cathartics are opposed to a constipation of the bowels, astringents to diarrhoea. When the system is heated, and the circulation is tumultuously agitated, refreshing things, nitre, cream of tartar, lemonade, are administered ; if the coldness one experiences is supposed to be owing to a sluggish circulation, heating things are resorted to, to accelerate the circulation of the blood ; in relaxation of the system, tonics, astringents, &c. are resorted to.

The chemical school teaches the same principle in its fashion, and of course, in accordance with hypothetical assumptions only, applies remedies to restore the natural proportion of the component molecules. Thus alkalies are given to correct a supposed hyperoxydation, acids to supply a supposed deficiency of oxygen, &c.

The idea of antipathic treatment should not be rejected generally, as has been done by some vehement advocates of the specific method ; peaceful, impartial and experienced observers will keep aloof from that blind zeal, and will not deny the happy results which have been obtained by the antipathic method. To appreciate this method properly, it is necessary to look at practice, and particularly at the therapeutic indications in accordance with the principles of the antipathic school. These indications, provided we do not resort to a purely symptomatic treatment, should correspond to the idea which we have conceived of the discord existing between the elements of vitality. The symptoms are mere means to obtain a correct idea of the nature of that discord. It is upon this idea that the treatment is based. Isolated symptoms do not require any particular attention. Like unto rays emanating from a central fire, they will disappear as soon as their focus is extinguished. This result is obtained in every case where the diagnosis is surely established, and some apparent contradiction between the symptoms does not induce one to abandon the original plan of treatment. The true physician, for instance, after having recognized a real plethora, will not be induced by the patient's

complaints about lassitude, heaviness of the limbs, to administer corroborants—or, in a case of carditis, he will not be induced by the tremulousness of the pulse, the decomposition of the features, the fainting spells, to combat this apparent sinking of the vital forces by abandoning the antiphlogistic treatment. If we knew the principal disorder in every case, it would not be difficult for us to remove it wherever this is possible. Unfortunately, however, we cannot disguise the deficiency of our physiological and pathological knowledge. We hear it often said, for instance, that this or that man who has some inflammatory disease, might be saved if he could be bled once more, which his weakness will not allow. In such cases, physicians consult, and after all they do not know how to get out of the dilemma. As long as pathologists will teach that the principal seat of an inflammation is in the blood, and not elsewhere, where other remedies might be applied, we shall hear complaints about the uncertainty of our therapeutic indications.

We frequently see persons suffer with weakness of the digestive organs, and at the same time with determination of blood to the head, with symptoms of congestion. These latter symptoms induce us to have recourse to cooling salts; but we have to fear that salts will derange the stomach still more. The stomach might be fortified by bitters, if they did not heat the blood. Physicians frequently endeavor to get out of this difficulty by mixing the two kinds of remedies, one being expected to fortify the stomach, and the other to diminish the vascular erethism, while the pernicious effects of the tonics are supposed to be at the same time neutralized; as if this mixture did not constitute a new body acting altogether differently from what each constituent would do if administered singly. Would it not be wiser to endeavor to determine the fundamental cause which occasions the apparently contradictory phenomena of disease in the different parts of the organism, and to direct the treatment against that cause exclusively? The difficulty of solving that question in every case, and of following a single indication in the treatment of disease, leads us to select our remedies in accordance with the symptoms manifesting themselves in the various systems and organs of the organism, commencing with those symptoms which appear the most important to us. This treatment is really a symptomatic treatment. However much we repel this accusation, it is nevertheless merited, as any one may see who will take the trouble to read the numerous so-called cures which are related in our journals.

It is not difficult to understand that a disease might be cured antipathically, provided we knew its proximate cause. A

treatment which is only directed against isolated symptoms, is always incomplete, and frequently pernicious, inasmuch as there is danger of repressing reactions, by means of which the organism, if left to itself, might have freed itself from disease. Moreover, the antipathic method cannot be applied in every case, because we do not know the contrarium of every anomalous condition of the organism, and have it only in our power to remove it empirically, but not in accordance with the principle: "*Contraria contrariis curanda*." To this category belong a number of affections, particularly disturbances of the sensitive sphere, and a majority of the dyscrasias, of the essential nature of which we are almost completely ignorant.

The history of medicine mentions a great number of celebrated practitioners of the old school, whose reputation no one would dare assail. But their reputation rests less on the strict observation of the rules of their system than upon their talent of observing, and upon the faculty which they possessed of determining in which cases the antipathic treatment would be salutary, and in which it would be hurtful, by preventing the curative reaction of the organism. The greatest skill frequently consists in recognizing the necessity of simply observing the reactive process; whereas on the other hand the inopportune exhibition of excessive doses of heroic antipathic remedies betrays a lamentable want of pathological knowledge, an incapacity of comprehending the importance of the symptoms. The inadequateness of the antipathic treatment, which has been acknowledged for a long time past, has led physicians to adopt some other method either in conjunction with it or exclusively.

2. *The revulsive method*, which probably owes its origin to the observation that certain forms of disease disappear, simultaneously with the appearance of some other disease. This fact is accounted for by the sympathy existing between the different systems of the organism, or between the different organs of those systems. This sympathy is one of the essential conditions of the antagonistic treatment. It is useless to inquire whether nature possesses a genuine, spontaneous curative power, transferring the disease from noble and important to less important parts, or whether these transpositions take place in accordance with the laws of vitality without any particular object of cure. It is well known that the morbid process is just as frequently transferred from inferior to more important parts, and that light and severe affections succeed each other by turns. An inflammatory irritation of the membranes of the brain may go off by a fluent coryza, a diarrhoea, or

some rheumatic eruption, or by some other favorable crisis, as such operations are called. On the other hand, irritation of the cerebral membranes may be occasioned by the suppression of those affections. Vertigo, hemicrania, even apoplexy, may be cured by the appearance of piles, or may be occasioned by the suppression of the latter affection. The doctrine of the curative power of nature might therefore be very properly looked upon as a chimera, if it had not other points of support than the above mentioned observation, from which we might just as well infer a tendency inherent in the individual life to destroy itself. Be this as it may, the fact that diseases wander from one organ to another, has given rise to the revulsive method, which consists in removing an affection from the more important organs, by exciting an artificial affection in an organ of less importance, which it is supposed will neutralize the former by the laws of sympathy and antagonism. Any one who has observed the facts with care, will admit that this method is not as contemptible as some superficial physicians imagine, and the vehemence with which every thing which does not directly contribute to the glory of the specific treatment has been rejected by some of its blind admirers, can only excite regret. It may be often justly said, that every thing is gained by gaining time. It is particularly in acute affections of some vital organ, where the danger is imminent, that every thing is gained by transferring the disease to some inferior and less important part. Thousands of individuals have been saved by frictions, cupping, sinapisms, vesicatories, artificial ulcers, irritating friction on the skin, foot-baths, clysters, etc. The revulsive method has not been limited to these external revulsions; even internal organs have been irritated, and have been made sick by artificial means, in order to free a more noble part of the organism from disease. The efforts of the revulsive method have been particularly directed to the intestinal canal, the kidneys, skin. In consequence, cathartics, diuretics, sudorifics, have been prescribed. Attempts have even been made to transfer the affections of one system to some remote part of the organism, congestions of the brain or lungs, for instance, to the hæmorrhoidal system. When life was in danger, and it became necessary to choose the lesser evil between two, in inflammation of the brain, for example, calomel has been unhesitatingly resorted to, to remove the inflammation by exciting a temporary state of suffering in the intestinal canal. In order to unite the antipathic and revulsive methods, medicines have frequently been administered which corresponded to either object. In cerebral inflammations, for example, calomel has been administered especially, since it

acts antipathically on the vascular irritation, increases the serous secretions of the intestinal canal, and thus manifests, at the same time, antagonistic effects. It would not be just to reject the revulsive method entirely. Of course it cannot be denied that it has frequently been carried too far.

Not knowing the remedies which act directly against any morbid condition of the organism, a simple revulsion has frequently been deemed sufficient, particularly when some dyscrasia was supposed to be the cause of the affection. The intestinal canal is frequently ruined for life by the abuse of drastic medicines. Setous and vesicatories are left on a patient for years, and these means, as well as cauterization and moxas are considered so lightly, that hospitals have become real places of torture. The pernicious effects of the abuse of revulsive means, particularly of those which are employed internally, cannot be denied. Those which are employed externally, are likewise very hurtful frequently. Frictions with tartar-emetic ointment frequently occasion spreading ulcers, and leave horrible scars behind. Issues weaken the limb where they are applied, occasion atrophy of that limb, not to mention the bad smell which is occasioned by a constant suppuration. Vesicatories frequently occasion dysuria, and cauterization is one of the most dreadful operations, merely on account of the pain which is inflicted on the patient. Is it not desirable that these tortures should be abandoned, and that milder means of healing should be substituted? We have a right to expect that result ever since the discovery of

3d. *The specific method.* Specific remedies have been prescribed for a long time previous; but a specific curative method, properly speaking, was not known. Unacquainted with the action of remedial agents, they had to be administered in a purely empirical manner, and the idea of a rational treatment was abandoned in despair. This latter treatment was generally resorted to only when any other seemed inadequate to the case. Hence it is, that in the therapeutic manuals, any remedial agent which seems to be suitable to the disease, is mentioned prior to the so-called specific remedies, of which nothing was known except that they had sometimes proved useful when any other remedy failed. It is a matter of surprise that the sometimes inordinate desire to explain and investigate things, should not yet have induced physicians to inquire into the laws which govern the action of specific remedies, inasmuch as nothing in nature takes place contrary to laws. *Theophraste* talks a good deal about specifics, but he designates them by the term *arcana*, and according to his fanciful

notions, the effects of those arcana depend, in a great measure, on the influence of the stars. In some other passage he rejects entirely the maxim of *contraria contrariis curantur*, and says that diseases are cured by remedies affecting the organism similarly to the disease. *Erastus* accounts for the virtues of specific remedies by their form and temperature, which is no explanation at all. *Cardanus* likewise doubts the old maxim of contraria, since a diarrhoea is frequently cured by purgatives. But the idea of homœopathic treatment has evidently not been clearly alluded to by any of the above mentioned authors, except by *Basilius Valentinus*, who says that like cures like, but that contraria do not cure. Several later writers, especially *Boulduc*, *Detharding*, *Thowry*, *de Haen*, have explained the action of specific remedies upon the ground of similarity. *Stoerk* has gone farther in this view than any other writer before him; he suggests, with a certain timidity, that stramonium might cure derangement of the mind, for the reason that it deranges the reason of healthy persons, interrupts the train of ideas, modifies the perceptive and functional power of the senses. The suggestions of this writer, and similar observations, have, however, not been improved; and the road which was here pointed out to inquirers, has never been travelled. The reproach of neglect in a matter of so much importance, concerns all those who had exerted themselves for a long time to advance medical science. It is frequently the case, that, by studying in a certain direction, we overlook the things in our immediate neighborhood. As regards the value of the discovery itself, it matters not whether *Hahnemann* has been led to it by the remark of some author whom he was reading, or by his own observations and reflections. He has the merit of having proclaimed the important fact that any remedial agent may be a specific, and that any disease can be specifically cured by a remedy which is capable of producing a similar disease on healthy persons. We will not examine whether *Hahnemann* has called his doctrine *Homœopathy* for the purpose of distinguishing it; we may state it, however, as our opinion, that the appellation of *specific* doctrine of healing, would have secured a larger number of converts, and that he has been wrong in designating the old school systems of medicine by the collective name of *allopathy*. The revulsive method is frequently similar to the homœopathic, inasmuch as its object is in many cases to excite similar affections, though in different parts of the organism.

The principle "*similia similibus*" is the barrier which separates the *New* from the *Old School*. It is impossible to com-

bine these two schools ; any such combination would constitute a most miserable abortion. Whether, however, the study of the old school system of medicine is made useless by the homœopathic doctrine, is a different question.

However strange this question may appear, it has been proposed a number of times latterly, and answered in different ways. Hahnemann has hurled the empirical principle which he had discovered, like a ray of lightning in the midst of medical science, which he was on the point of annihilating. After passing a bitter censure on every thing which had been done in medicine so far, he hurls every doctrine of the pure reason in the dust, shows the deficiency of physiology and pathology, declares that the physiological and pathological doctrines are a tissue of falsehoods, and accords to the perceptions of the senses an absolute pre-eminence over speculative theories, and over any attempt to obtain by pure reason an image of the dynamic relations of the internal organism which are hidden from the senses. All that he requires is a careful study of the external phenomena of disease, which, in his opinion, are all-sufficient to enable the physician to select the proper specific remedy. It is needless to say that a method which only embraces the external phenomena, cannot be any thing else than *symptomatic*. It is certainly excusable on the part of *Hahnemann*, that he should have been dazzled by the splendor of his own discovery, and that he should have even contradicted himself by indulging speculation in establishing his psora-theory. But it is a matter of regret that less experienced and less learned men should, in imitation of their master, have endeavored to overthrow every thing which had been built for the last two thousand years. The result of all these endeavors has been, that the school of Hahnemann has been reproached with arresting the progress of science by a leaning to empiricism. Eccentric partisans of the homœopathic doctrine have been led by their sanguine hopes to deceive themselves and others ; and, to hear their promises, one might feel tempted to believe that the panacea of Paracelsus had been found, and that henceforth no one would die except of old age or some violent mechanical disturbance of the organism. These illusions have been favored by the publication of some wonderful cures, and by the sale of portable medicine-chests and domestic physicians, tending to represent the practice of medicine as very easy, and to make every man his own physician. Even laymen began to treat disease, and to write in favor of the new doctrine. This it was which furnished the opponents of homœopathy with the means of bitter satire against the new doctrine ; and it is precisely the



extravagant zeal and the exaggerated promises of some of its partisans which prevented many from studying it. Calm observers, however, have remained true to the ancient rule, of *abusus non tollit usum*, and have for a long time been endeavoring to free the healthy germ of the new doctrine from the weeds which threatened to choke it. In this way the materials of a new system have been accumulated, which I shall endeavor to build up: I shall indulge, however, a few other remarks, which I deem necessary to enable my readers to judge this Essay with kindness and equity.

It is impossible to build up, by mere reason, a complete system of medicine based upon the theory of life. Every attempt of this kind has so far failed; and, in the present state of science, I should not be more fortunate than my predecessors have been. We ought to endeavor, however, and we are able to show, that the fundamental principle of our doctrine is in accordance with the general laws of life.

Any combination of precepts arranged into one unit, agreeably to one and the same principle, is a system; and such a system, if it correspond to the actual state of development of the mind, will satisfy, momentarily at least, every reasonable exigency, provided the following conditions are fulfilled by the system.

1. *The principle which unites the different parts of a doctrine must be true*, no matter whether the doctrine is derived from repeated experiments, or from speculative reason. If we consider the *eureka* of Archimedes, and the fall of an apple which revealed to Newton the law of gravitation—if we examine the forces of nature generally, we will soon become convinced that it is not by speculative reasoning, but by observation, that we obtain an insight into the laws which govern the phenomena of nature. Truth, whether historical or empirical, must be conformable to laws. If, after repeated observations, some phenomena should remain unexplained, this should induce us modestly to admit that we are not yet able to explain every thing, and to continue our investigation of first principles.

2. *The different parts of the system must likewise be true.* It has already been stated that it is impossible to construct a system of medicine based upon one fundamental principle and consisting of an uninterrupted series of inferences. But in order that the different parts of Science may present an harmonious whole, they must be connected with one another by one and the same general principle. This scientific unity is not necessarily endangered by our inability to demon-

strate it at once to our complete satisfaction, or by the existence of some apparent incoherence among the details. Of course a system commends itself the more to our reason, the greater the correctness of its precepts. Hahnemann thought he would make his system much more solid by rejecting every admixture of philosophy, and by admitting only truths perceptible to our senses. This is the reason why the materials which he has made use of for his system, have only been drawn from two fields of science, *nosography*, and *pharmaco-dynamics*. In the same sense as nosography is a science of the senses, and only records the external phenomena of disease, without tracing their internal connection, so is Hahnemann's *Materia Medica* nothing but a record of the symptoms, by which our senses perceive the action of drugs upon the healthy organism. The homœopathic therapeia is based upon this fundamental principle: Administer in every case of disease a remedy which will affect the healthy organism similarly to the disease. A system of treatment which regards only the perceptible phenomena of a disease, must necessarily be a stumbling-block to the partisans of the dogmatic schools, who cannot be expected to forsake the notion that the principal object of any treatment should be to remove the cause of the disease. And yet, if the symptomatic treatment should become perfect and leave nothing to desire, the so-called causal treatment would necessarily have to be abandoned. A number of objections have been raised against this treatment, some of which are important, others without foundation. It has been urged, for instance, that the homœopathic treatment removes the symptoms without removing the cause. This reproach, if it can be made against any treatment, can only bear upon the possibility that, in certain cases, the original form of a disease may be converted into a different one, without uprooting the disease. But this remark bears against the revulsive and even the antipathic method rather than the homœopathic, for those methods teach expressly not to combat isolated symptoms, but the totality of the symptoms. It is also true that the physician has done every thing in his power when he succeeds in removing the perceptible phenomena of disease; for these latter, being a reflex of a certain internal anomalous condition of the organism, which is generally designated by the appellation of *proximate cause* of the disease, the internal cause must necessarily cease to exist when its external manifestations are removed. The frequent and often astonishing success of strict homœopathic treatment, shows, moreover, that there is an intimate connection between the essence and form of a disease. It may therefore

be asserted that the symptomatic treatment is generally more successful than the most energetic treatment which is simply directed against the removal of the supposed proximate cause, which remains so often hidden from our knowledge until it is revealed to us by some accidental circumstance.

By following Hahnemann's precepts, failures like these are indeed avoided; nevertheless it cannot be denied that the specific method, if employed exclusively, is imperfect. This imperfection is, in a great measure, occasioned by the imperfect development of the science of pharmaco-dynamics; for we know that our inability to cure, as yet, a number of affections, arises principally from the fact that we are not yet acquainted with their specific remedies, and the perceptible symptoms are in a great many cases too obscure to enable us to select the specific remedy with certainty. It often happens that the essential symptoms are so much obscured by the consensual phenomena, that the former are entirely overlooked, unless the physician's skill and experience should discover them, and make use of them as curative indications.

It is therefore evident that medicine cannot be studied like trade; and that it is on the other hand impossible to carry it to such a height of perfection that mistakes become impossible; the imperfections of the different systems and methods are still too numerous; the impossibility of arriving under the antipathic method at a certain knowledge of the proximate cause, occurs still too frequently; the specific method furnishes yet too often an imperfect image of the disease; and lastly, any existing system of *Materia Medica* is yet very incomplete. There have been errors in medicine ever since disease has been treated, and there will be errors to the end of the world. The unintelligent physician, no matter of what school, will always run the risk of deceiving himself; and the well informed physician, who knows every system, but does not allow himself to be blinded by the love of system, will be more fortunate than others, in the treatment of disease. In every school the physician has to possess the necessary preliminary knowledge, of separating the ideal portion of our doctrine from that which has been recognized as true and practical, of acknowledging the defects of some branches of medicine, rather than to supply them by unprofitable hypotheses; and, above all, of not allowing himself to be led by the apparent importance of certain speculative notions to maintain obstinately ideal representations of the proximate cause, and to expose the patient's life by directing an heroic treatment against supposed occult qualities, instead of against the disease. *Boerhaave esteems the physician fortunate who*

*does not do any positive injury.* In this respect the homœopathic physician would be better off than any other. But in following literally Hahnemann's precepts, the physician might become guilty of the crime of omission, and one might justly condemn his treatment partially as inefficacious, since he neglected the accessory means, which, beside the symptoms, may lead to a correct knowledge of the disease. We need not quote cases to show that the strictly Hahnemannian treatment of disease has frequently been uncertain. Conscientious adherents of Hahnemann have felt that uncertainty for a long time previous; they have become convinced that the mere external symptoms are not the only curative indications, but that they constitute the reflex of some internal dynamic disorder which can only be recognized by the mind's eye, and requires to be known, in order to base the treatment upon as safe a basis as possible. It is only in this respect that a union of the Old and New School can be thought of. The latter, proclaiming the principle, "*similia similibus*," will always maintain a distinct rank, and will never be confounded with the antipathic treatment, but will cease to be Hahnemannian. The author of this doctrine, who undoubtedly possesses the glory of having laid the corner-stone, could not be expected to complete his work. It is for us to perfect it; and we shall succeed in so doing by picking out the particles of truth in whatever system we may find them, and arranging them, by means of the specific principle, into one harmonious whole. As we obtain a deeper and more correct insight into the *modus operandi* of a specific remedy, the homœopathic law, which has been discovered empirically, will be more deeply founded in, and will finally become identified with, reason.

## FIRST PART.

## PHYSIOLOGY AND PATHOLOGY.

## SECTION 1.

*Self-preservation is the first and most remarkable manifestation of individual life.*

THE tendency to self-preservation is common to the species, as well as the individual. This tendency is so much inherent in the vegetable and animal life, that we may, with Leibnitz, consider the tendency to preserve one individuality, as the principal object of life. One of the most astonishing phenomena of the organization of the great whole is, that every organized being produces only its like. This arrangement is doubtless necessary to preserve the harmony of nature, but the cause thereof is hidden in the mysterious bosom of life. All that we know on this subject has been derived from observing the species and the individuals which perpetuate themselves; it is thus that we have arrived at the idea of a *vital principle* incorporated in the germ, and which we recognize as the internal cause of the organic formation and development of determinate genera and species.

## SECTION 2.

*The tendency of the individual life to preserve its individuality manifests itself by opposing the surrounding influences of Nature.*

An acting force can only be thought of as existing in conflict with a contrary force. Even Aristotle has said that op-

position is the cause of all things. We become convinced of this truth so much more as we observe the circumstances in which forces generally act. Elasticity, for instance, can only manifest itself when the elastic body is acted upon by some external force endeavoring to alter the form of the body, and resisted by the latter. The extraordinary effects of steam are realized by opposing or limiting the expansive power of that agent.

The vital principle in individuals manifests itself by opposing the surrounding influences of Nature, particularly by absorbing, transforming, and assimilating certain external substances to maintain its own existence.

### SECTION 3.

*The mode in which the individual life opposes the surrounding influences of Nature, depends upon the more or less perfect organization of the individual.*

By "receptivity" we understand the property inherent in animated individuals of being modified by external influences; not a condition of passive submission, as that of the wheel which is set in motion by the fall of the water, or of the clay which yields to the pressure of a heavy body, and assumes a different shape under its influence. Animated bodies are indeed influenced by surrounding nature, but are at the same time endowed with a power of resisting that influence. This power is generally called, "*force of reaction, reactive force*," and the resistance itself, "*reaction*." There are different degrees of reaction even among the individuals of the same species, and likewise different kinds of reaction, inasmuch as the various genera and species of animated organisms differ very much from one another in their relations to the external world, and to the cosmic, atmospheric and telluric influences by which those organisms are modified proportionately to their degree of receptivity. Every individual life is in need of the external world, each in its own way, for its preservation. Rice cannot grow on the rock which is covered with the lichen parietinus; and the lion would just as surely perish on the ice-plains of Siberia as the sable would in the deserts of Africa. What is nourishment to one species is poison to another; and has no sort of influence on a third. Wherever reaction takes place it is characterized by the nature of the individual.

In the vegetable kingdom reaction is limited to the reproductive functions, to an opposition to the laws of affinity which

govern the inorganic world, and to the assimilation of certain substances which are drawn from the external world. In that kingdom we perceive only slight indications of an activity reminding us somewhat of the animal irritability; for instance, the turning of the leaves of certain plants to the light, the closing of certain flowers after sunset; the movements of the *dionea muscipula*, of the *hedysarum gyrans*, of the *mimosa pudica*, etc. In the animal kingdom we perceive a vitality superior to vegetable life, and even controlling it; a freer dynamic power of a superior degree, the material vehicle of which is the nervous system.

#### SECTION 4.

*Health is the integral action of the vital functions, which has for its object the preservation of the individual.*

As the tendency to propagation is likewise inherent in the individual life, we might include the integrity of that faculty in the idea of "health." Health, however, may exist long after the sexual functions have ceased; it may even exist in individuals who have been deprived from the commencement of the procreative faculty (although the loss of this faculty always indicates a restriction of the vital activity). The preservation of the individual is, however, not endangered by that loss. Eunuchs and castrated animals may enjoy perfect health to an advanced age.

#### SECTION 5.

*The principal condition of health is a normal state of the organism.*

This requires:

1. Regularity of structure; and
2. Proper combination of the constituent particles.

It is scarcely necessary to state that certain anomalies of structure, even if the vital force were otherwise perfect, may occasion irregularities in the functions, and unpleasant sensations, to such an extent that the individual cannot be looked upon as enjoying perfect health; whereas on the other hand, certain defects of organization are so little hurtful to the preservation and propagation of the individual, and disturb so little the sensation of health, that we need not pay any regard to them in our examination of the pathogenetic causes. The greater or lesser importance of these defects depends upon the organs affected,

and upon the intensity of the affection. Health would not necessarily be deranged, for instance, by the heart being located in the right side of the chest. One of the small cutaneous arteries may have become obliterated without disturbing health; a similar defect existing in the aorta would endanger life.

As regards the composition of the constituent parts of the animal organism, and the influence which they have on the vital force, we must admit that all our inquiries have so far led to very unsatisfactory results, which is mainly owing to the fact that animated bodies cannot be subjected to chemical analysis. Death occasions results which we have no right to suppose existed during life. Let me advert, for instance, to the putrefaction of the uterus which is said to take place in malignant puerperal fevers, upon the ground that in post-mortem examinations that organ has been discovered in a putrid state. This disease has prevailed several times in the lying-in hospital of our city; and the director Dr. Ritgen, has made the most minute researches on the subject of that disease, on account of its presenting a particular character of malignity. On examining the uterus immediately after death by means of a speculum, no change is discovered. An hour after, a softening and a suspicious color are perceived, increasing every quarter of an hour until the uterus is found in a state of entire putrefaction, which some observers have looked upon as an essential characteristic of the disease. The results of such observations, which have been frequently repeated with care, lead us to suppose merely a low sinking of the vital force, commencing in the uterus, which accounts for the fact that the chemical decomposition after death commences in that organ. Such and similar observations should make us cautious against admitting a number of the results which pathological anatomy has furnished on the character of disease. *Olliviers* describes cases of sudden death occasioned, as he thinks, by the development of gas in the blood, where air-bubbles were discovered. It is difficult to decide whether this gaseous development had commenced before death.\*

#### SECTION 6.

*Disease is an anormal vital process which does not correspond to the true development of the individual.*

Laymen would be astonished to know that the difference of

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\* That great changes take place in bodies after death, is shown by the virus with which dead bodies are infected. It is said that this virus is most active and poisonous shortly after death.—*Hempel*.



opinion which prevails in regard to the forms of disease, likewise exists in regard to the nature of disease itself. A critical examination of the different opinions which prevail on that subject, would transgress the limits of this work. In order to avoid unnecessary discussion, I shall not even attempt to reply to the objections which might be made against my definition of disease. This definition is not opposed by the idea which has been adopted by some thinkers, that disease is a parasitical being or force which has invaded the individual, and is endeavoring to develop itself in the same. However poetical and ingenious this idea may be, yet it is of very little avail in the treatment of disease. 1847

It is indeed a remarkable fact that there are diseases offering complete series of similar phenomena, which have induced us to speak of diseases instead of abnormal conditions, as if diseases were something enjoying an independent existence. This notion has even prevailed among *Paracelsus*, *Van Helmont*, *Sydenham*, and several older physicians, and has led to a classification of diseases in genera, species, and varieties; and to the construction of nosological systems similar to the classification of animals and plants in natural history. The question with us is: Why are many forms of disease so similar to each other? Not because there is a tendency in diseases to exist in the order in which they are described and collated in the books, or because, like unto a grain of seed in the soil, they take root in the living organism, develop themselves, and finally arrive at maturity in order to become extinct; but because similar organisms are governed by analogous forces and laws, and will exhibit similar reactions when acted upon by similar causes. As long as the individual life has not become extinct either in the organism generally, or in a portion of the organism, the changes which occur in the latter are subject to the control of its own laws. There is no such thing as a vital development of disease in accordance with regular laws. A celebrated savant (*Stark*) has said: Disease is either a living condition and at the same time individual, or neither. This dilemma may be replied to by stating that condition means a totality of properties, and that disease is therefore not so much a living condition, as a certain condition of a living individual; and that a condition, simply because it exists in time and space, need not therefore be considered a self-existing individual. This opinion meets its principal refutation in the fact that we cannot analyze or construct a form of disease without acknowledging the validity of physiological principles, and that we cannot account for the origin and development of disease, with-

out accepting the laws of the organic life of the individual as a fundamental position to our inquiries and reasonings. This is admitted by the most zealous advocates of the doctrine that disease is a parasitical being, thus admitting tacitly that their doctrine is of no avail in practice. The transposition of a disease by metaschematismus, is contrary to the notion that every disease is endowed with a tendency of developing itself agreeably to its own inherent laws; or else it would be necessary to admit that every metaschematismus is the extinction of an old, and the commencement of a new parasitical life. This supposition leaves us entirely in the dark, if we attempt to understand by its means, the mode in which the process of metaschematismus takes place. *Kieser* has, therefore, very properly remarked, that it is a great mistake to consider a state of health and an anormal condition of the vital forces as opposite existences. Whatever idea we may attach to the term "inflammation," whether we consider it dynamically, or with respect to the perceptible changes in the inflamed part, the whole course of an inflammation shows that it is simply an alteration of the vital functions of a tissue or organ, without the supervention of new or strange laws, and that the various phenomena of inflammation are governed by the vital force of the general organism and the life inherent in its single parts. Swelling, heat, redness, pain, are consequences of what we consider the proximate cause of the disease, and the various terminations of an inflammation, dispersion, suppuration, induration, gangrene, or the formation of new filaments, membranes, etc., should be derived from an anormal reproductive activity of the organism, but by no means from an independent principle of disease by which it had been invaded. If the existence of such a principle were admitted, all attempts to elevate the character of pathology by establishing it upon a physiological basis, would become unnecessary, and it would be impossible to account for the various modifications in the manifestations of the vital force, in a manner conformable to the known laws of nature.

#### SECTION 7.

*Disease results from the cessation of the normal state of the vital activity.*

Disease is induced by

1. Lesion of the vital force;
2. A normal condition, both in the form and composition of the organism.

We distinguish therefore :

1. Dynamic diseases ;
2. Physical diseases, which may again be distinguished in *anomalies of form and composition*.

We must not forget that matter and force cannot be conceived as two things essentially different, but that they are rather two things reciprocally related to each other in such a manner that one can only exist by and with the other ; indeed matter and force cannot be modified separately. On the other hand, we should not leave out of sight the great similarity existing between the vital force and the imponderable fluids, whose dependence upon matter can only be shown very imperfectly. What change takes place in the magnet at the moment when it loses its power in falling on a hard stone, or when its poles are reversed ? We know this as little as we do why the galvanized muscle ceases to react for some time, and, after a little rest, recovers the power of performing palpitating movements. A number of phenomena justify the admission of primary lesions of the vital force ; for instance, instantaneous paralysis occasioned by a violent emotion, the frequent disappearance of serious symptoms by means of some moral influence. King Perdiccas was cured of a consumptive illness by the sagacity of Hippocrates, who discovered that love was the cause of the disease, which disappeared as soon as that passion was satisfied. In a similar manner was the apparently dying Antiochus cured by Erasistratus. The inmates of the orphan asylum at Harlem ceased to be attacked with epileptic fits, which were brought on by the sight of a paroxysm, after Boerhaave had decreed that the first child that would be attacked with epilepsy, should be burnt with a hot iron. These and many other diseases are purely dynamic.

The question here presents itself, whether there are distinct physical diseases. Defects of organization, anomalies of form, whether hereditary or of later origin, unless occasioned by mechanical injuries, imply an irregularity in the reproductive functions, but may, from the moment they exist, be looked upon as organic diseases, provided they disturb the play of the vital forces. They are the objective phenomena of some dynamic affection, although they may in their turn disturb the vital force. Dilatations or contractions of the heart, for instance, aneurisms, obliterations of arteries occasioning disturbances of the circulation, are organic diseases.

There is another still more important question, whether there are primary anomalies of composition, and particularly primary diseases of the fluids.

If we put the question in this way: Are there diseases which manifest themselves in the first place by an anomalous composition of the fluids? we may unhesitatingly say: There are. Every organ and every sphere of the organism may be first invaded by disease. Disease may commence in the sensitive sphere as well as in the reproductive sphere, and may occasion material changes in the latter, which is more particularly exposed to the influences of surrounding nature. But if the question be, whether external influences can produce a primary corruption of the fluids by some chemical change, we may as unhesitatingly answer: No.

The form and composition of the organism are the objective manifestation of animal life in its reproductive sphere; hence deviations from the perfect composition of the organism are the materialization of an abnormal vital process, implying a disturbance of the vital force itself. This may be hereditary, for instance in scrophulosis, or acquired. In many cases it may be considered weakness; that is, an insufficient quantity of power to resist the noxious influences which are constantly assailing the integrity of the organism. There are noxæ which overcome even the most powerful organism; such as gases and poisons which pass into the organism by the lungs, or by the alimentary canal, or by the superficial absorbent vessels, occasioning death sooner or later. The resistance to those noxæ is proportionate to the intensity of the vital force. Some men enjoy such a powerful vitality, that they are able to exist in the closest contact with noxious influences which would destroy the life of many others. The same man is more or less liable to noxious influences according as he happens to be in a stronger or weaker condition of body. Overwhelmed with care, exhausted by fatigue and watching, badly nourished, he is more liable to the influence of a contagious disease than if the contrary condition existed. He is likewise more liable to that influence when the stomach is empty, than after a good meal. Hurtful substances, even if introduced into the organism, will prove less destructive if the organism is powerful and active, and therefore more capable of transforming the very essence of the noxious agent.

Strictly speaking, all physical diseases may be traced to a violation, or, at any rate, to a relative weakness of the vital force; and all diseases may, therefore, originally be considered dynamic. It is nevertheless convenient to inquire which of the three spheres is more particularly affected, the sensitive, irritable, or reproductive. Generally, the anomaly exists in one of these spheres; in regard to the latter, it cannot be doubted

that irregularities of composition frequently and primarily take place in the blood, owing to the introduction of heterogeneous, gaseous substances, such as contagia, miasmata, etc., by the respiratory organs. Nor can we deny that substances may be incorporated in the volume of blood, by means of the absorbents in the intestinal canal, where those substances may have been secreted or introduced. According to *Læwenhayn*, carbonate of soda, which had been introduced into the stomach, has been discovered in the blood. Indigo tinges the milk of nursing females blue, and madder imparts a red color to the bones. These are facts which no one denies. The mode in which those changes take place, is explained in different ways. According to *Von Pommer*, miasmata, contagia, and poisons affect the blood primarily, alter and destroy the blood, and with it the being. *Treviranus* is of the same opinion, except that he thinks poisons act not so much by absorption as dynamically, inasmuch as the action takes place suddenly, like that of electricity. Boerhaave's well-known experiment with the opium pill, which was found entire in the stomach of the poisoned dog, likewise shows that the organism may be affected by the mere contact with certain substances. Experiments like these, however, do not show that parts of the poisonous substance may not have been brought by absorption in more intimate contact with the organism; and, after all, the difference of opinion is in relation to the tissue which was affected primarily. *Steinheim* thinks that the re-action of the blood against poisons is a dynamic process. *Lobstein*, the most zealous advocate of nervous pathology, maintains that all organic diseases are in the first place dynamic, and that they all originate in a nervous disturbance, because no primary alterations take place in inferior systems, which must be conceded in so far as the morbid process, when it seems to be confined to the vegetative sphere, must necessarily depend upon a relative weakness of the higher animal vitality.

#### SECTION 8.

*The different forms of disease are determined by the laws which control the manifestations of vitality.*

The notion that diseases are parasitical beings in the organism, must have easily led to the supposition that the multitude of similar forms of disease depends upon the tendency, inherent in those parasites to develop themselves in a peculiar manner, by virtue of the same power with which every living

embryo is endowed, to grow up to an individual distinct in form and kind. Certain phenomena, indeed, tend to favor this hypothesis, particularly the contagious diseases, which run through their course, proceeding from the same seed, like animals and plants, and remaining the same in their fundamental features. A man infected by the small-pox, suffers for three, four, or five days, in pretty much the same manner with his companions of misfortune. After the lapse of that period he is attacked with a febrile paroxysm, followed by red spots. On these spots the epidermis is gradually raised, and blisters are formed, which fill with a purulent lymph in the space of eight days, during which time the febrile paroxysms continue. In three days the blisters begin to dry up, and the disease generally runs through its course in from twelve days to a fortnight. The measles, rubeolæ, the exanthematic typhus, and several other diseases run through such a similar course, in all those who are affected with such diseases, that it is quite easy to foretell, with a high degree of probability, from the first symptoms of the infection, the whole succession of phenomena which will set in during the course of the disease. A certain regular course by stages, characterized by peculiar phenomena of the same duration, is not only characteristic of acute, contagious, exanthematic, but of many other, and particularly epidemic diseases. If at a time when inflammations of the pulmonary pleura prevail, one should have been exposed to the predisposing influences of inflammation, and should then be attacked with a violent chill, succeeded by heat, stitches in the side, and oppression of breathing, we know by these symptoms that the disease has set in, and we are able to foretell that the cough and irritation will increase—that the cough will at first be attended with a blood-streaked expectoration, and afterwards with an expectoration having a reddish tinge throughout, that a crisis will set in on the seventh day, which, if favorable, will be accompanied with a warm sweat over the whole body, after which the disease will subside and gradually disappear. We predict with tolerable certainty that a splinter which has penetrated into the flesh, unless extracted, will occasion an inflammation, and that the splinter will be expelled during the subsequent process of suppuration. All such predictions are based upon the knowledge which we possess by observation, of the succession of the effects which certain noxious influences produce in the organism. Frequently, however, the course of the disease is different from what we had observed previously. Splinters have remained in the flesh for years, without occasioning either inflammation or suppuration. Even acute cutaneous diseases,

which are particularly distinguished by the similarity of their forms, frequently differ from one another. Small-pox has been seen resembling measles, and measles resembling small-pox. The stages of those diseases have been longer or shorter than usual. Such exceptions may depend upon certain peculiarities of the sick modifying the process of reaction. In every epidemic disease the single cases differ somewhat from one another. In conclusion, it may now be asked: If disease is nothing but an alteration of the vital condition, and if the varieties of the forms of disease depend upon the relation existing between the receptivity and the reactive power of the patient, why should not this relation be considered the sole cause from which diseases derive their particular forms?

According to Ferdinand Jahn, the intervals of rest and the periods of activity of the earth and the organism are partially analogous to the type of diseases, or develop themselves as these do. Other diseases have an original type, which is peculiar to themselves. If we consider life as an original, self-existing power, and disease as a modified form of life, the cause of that modification must exist in the conditions of the individual life; and there is no reason why every particular modification of the individual life should be supposed to be depending upon some particular life-principle. The life of the great whole is analogous to that of the individual, because all forms of life are controlled by certain supreme laws. A more or less distinct type is observable in every phenomenon of nature; in the change of the seasons, in the tide of the sea, in the growth of plants and animals, particularly in the periods of development, in the waking and sleeping, in the processes of digestion and cohabitation, in the menstruation of females, in pregnancy, the hatching of eggs, and in diseases, where we frequently observe a regular duration of the stages of intermission and exacerbation, particularly in fevers, where not only the vitality of single organs is disturbed, but where the reaction takes place throughout the whole organism, thereby showing the existence of general laws of life. In the man who is infected with the small-pox, the whole of the disease does not develop itself, by reason of its being endowed with a tendency to do so, but because the living organism possesses the power of reacting in a peculiar manner: and if the phenomena of small-pox are the same in those who are infected with the disease, it is because the contagion of small-pox maintains the same character in all, and calls out similar reactions. We know but little of the nature of contagia; but we may consider it certain that every contagium maintains a certain identity, and therefore calls out pretty

much the same reactions in living organisms. Similar things take place in epidemic diseases which are not contagious. Our organisms are exposed to the influence of unknown agents in or above the atmosphere, which call out similar reactions in every invaded organism, differing from each other only in so far as the receptivity and reactive power of individual organisms differ. Hence it is, that in wide-spread epidemic diseases, not all men are seized with the same violence, though all those who are attacked, manifest similar symptoms of suffering. Noxæ, which act with less intensity, cannot induce such constant and characteristic reactions of the organisms. These do not, in the first place, invade a particular organ or tissue, but the whole organism is attacked at once, and the morbid phenomena make their first appearance in that part of the organism which is the most susceptible. This is the reason why a cold will induce catarrh, colic, diarrhœa, nettle-rash, glandular swellings, rheumatic pains, or other forms of disease, according as the organism is more or less disposed to either the one or the other.

A celebrated author has remarked that diseases are apt to contract a certain type. Diseases are indeed apt to contract a certain type, but this fact is not explained by supposing that it is a sort of habit or something accidental. *Hohnbaum* suggests that the course of a disease is in a great measure regulated by the nature of the affected organ. The more necessary to life, the more tumultuous and rapid is the course of the disease, as we may see from the affections of the brain and spinal marrow. An inflammation of the heart frequently becomes fatal on the third day. Inflammations of the mucous membranes and of other inferior organs are more frequently disposed to become chronic. The diseases of those tissues and organs which, in their normal condition, perform their functions according to a certain type, follow a similar type in disease. - Reactions of the vascular system particularly are distinguished by more or less regular exacerbations, because the action of that system is generally characterized by a certain rhythm. Piles appear in many persons every four weeks, and in many females fluor albus regularly precedes and succeeds the catamenia. All this shows that diseases are controlled by the same laws on which the periodicity and the rhythm of the functions in their normal condition depend.



## SECTION 9.

*Every disease is originally local.*

Long discussions have been carried on to know whether there are local diseases. Those discussions might have perhaps been dispensed with, if the meaning of the term "local diseases" had previously been well defined. What I understand by the term "local," is a morbid affection confined to one place, without occasioning a general disturbance of the organism.

It has been stated, but incorrectly, that there cannot be any local diseases, because the vital principle is indivisible and cannot be invaded any where without suffering throughout its whole extent. To this we may reply, that it is indeed true that a severe local affection will be sympathetically perceived in every part of the organism, but that this sympathetic suffering is frequently so slight that it is scarcely, if any, perceived, and that it disappears as soon as the local disturbance shall have subsided. The pain which is caused by a carious tooth, ceases as soon as the tooth is extracted. The ulcer which is occasioned by a burn or vesicatory, is likewise a mere local affection, since it does not disturb the general functions of the organism. If the cure be prevented by some dyscrasia; if the ulcer assume a phagedenic aspect, the duration of the ulcer will depend upon the general morbid state which existed previous to the ulcer, and requires to be cured in order that the ulcer may heal likewise. The healthier and robust the individual, the greater its power of maintaining an affection within local bounds.

There are also many local morbid phenomena which do not seem to affect the organism in the least, and which reflect a more general disease that had become latent in the organism ever since the vital force had succeeded in localizing it. A rheumatic fever disappears very often as soon as a slight eruption is seen on the lips, and the appearance of tinea capitis frequently frees children from a predisposition to inflammatory affections of the brain. The humoral pathologists consider this metaschematismus as a confirmation of their hypothesis, that the matter which disturbs the organism has to be expelled in order that the equilibrium of the vital functions may be restored. We will not deny the excretion of certain hurtful substances, whether they have got into the organism from without or have been produced in the organism by some anormal action

of the vital forces. There are many such substances, such as the musty smell of the sweat in small pox ; the same pungent smell in miliaria ; the putrid smell in a cachectic disease ; the urinous smell in a state of inactivity of the kidneys. There have been observed alkaline sweats, sour sweats, or sweats that were sweet as honey, or mixed with crystals of phosphates or depositing a crust of sand on the skin. People with red hair have frequently an exhalation of a peculiar smell which disappears when they are indisposed, and the re-appearance of which is a sign of recovery. Frequently, however, alterations in the secretions take place, because the secretory organs are diseased, not because the organism is loaded with certain matters the removal of which is required for the restoration of health. This statement is corroborated by the frequent concentration and isolation of a disease in organs where no secretion takes place. The frequent disappearance of nervous diseases and rheumatic pains simultaneously with the appearance of blind piles belongs to this class of phenomena. *Stahl* has seen a dangerous miliaria follow the suppression of a varix at the anus. *Majon* has observed that deaf people are less than others liable to the prevailing diseases, and are more particularly insensible to the effects of great heat. I may add, from my own experience, that men with hernia or hydrocele frequently live to an advanced age without experiencing any other suffering except that which is occasioned by the local affection.

The relation of local to general disturbances can only be verified by careful observations, and the idea of a general disease must always be more or less relative. *Lobstein* remarks with a good deal of truth : There are no general diseases in this sense that all the organs and systems are attacked at once. For, disease being a modification of the vital activity in opposition to the condition of the individual, the extension of the disease throughout the whole organism would necessarily result in its speedy destruction. The hostile morbid power invades in the first place a single organ or system ; but afterward the effects of that invasion extend by sympathy. *Hohnbaum* says that any disease commences at and spreads from a certain point. A good or bad composition of the fluids, a greater or lesser receptivity, a higher or lesser degree of sensibility and conducting power of the nerves, are the causes which will either keep the disease within certain bounds, or else cause it to extend to other organs and systems. The torpidity and want of sensibility of a muscle will prevent inflammation or suppuration even if a splinter should have lodged in the parts.

Some years ago, a laborer and my servant lopped off a few branches of *Rhus radicans*. The latter peeled the leaves and squeezed out the juice without experiencing any bad effects from it. The former was attacked in a few hours with an inflammatory swelling of the hands and face, which became covered with vesicles, as in vesicular erysipelas. He was very feverish the whole of the ensuing night.

Generally speaking those diseases spread the more rapidly which affect organs and systems that have naturally a great conducting power. If a wound of the finger should be followed by an inflammation of the absorbents, this generally extends to the axillary glands. Local phlebitis generally attacks very rapidly the venous system at a great distance, and the morbid affections of certain nerves are disposed to affect the whole nervous system in a very short time. The recent anatomical discoveries have taught us that nervous filaments dip into the substance of the organs, thus establishing communications between the nerves and vessels, communications which enable us to account for the sympathy that exists between them, and causes the diseases of one system to pass at once to the other. As shame causes the blush to rise to the cheeks in a state of health, or as fright drives the blood from the peripheral vessels, thereby occasioning a sudden paleness; so does a violent irritation of the nerves provoke reactions in the vascular system which are designated by the term "fever;" and primary febrile phenomena occasion in the sensitive sphere the most varied phenomena of an anermal activity.

It is known with tolerable certainty where a great number of diseases commence. According to *Gruithuisen* the starting point of the pest is the cellular tissue; the influenza commences in the mucous membrane of the windpipe; yellow fever in the secretory organs of the bile. According to *Kopp* several forms of asthma in children arise from hypertrophy of the thymus gland; typhus abdominalis from intestinal ulcers; a number of nervous affections from a slow inflammation of the spinal marrow, etc. In many diseases the starting point is revealed by the precursory symptoms; for, as a general rule, the sensations of local disturbance are perceived in the spot whence the disease spreads in different directions.

It has often been asked whether there are diseases not depending upon some internal disturbance of a particular organ. It is very difficult to answer this question, owing to the impossibility, in the present state of medical science, of establishing, in a satisfactory manner, the relative independence of the manifestations of the life of the organs; it is very probable,

however, that there are primitive lesions of the vital force, and hence also purely dynamic diseases. Admitting, however, that this is a fact, we cannot conclude from it that the vital force is instantaneously attacked in its whole extent. On the contrary, inasmuch as we are obliged to acknowledge a particular life of the organs, it is more probable that the lesions of the vital force emanate from a fixed point, and more particularly from the point which is most exposed to the hurtful external influences. A great number of accidents, such as general reactions of the organism consequent upon moral, immaterial influences, convulsions and febrile paroxysms after a violent emotion, etc., appear indeed to result from a sudden invasion of the animal life in its whole extent. However, we know too little of the physiological importance of every part of the brain to refute the opinion, based upon a great degree of probability, that every moral sensation corresponds to a particular organ of the brain, from which that sensation extends to other regions of the cerebral mass.

All these considerations show that it is of the utmost importance to a successful treatment, that the course of the disease which we are called upon to treat should be traced from its commencement to its least ramifications in the particular organs; that, in certain cases, we are able to recognize with certainty the existence of an isolated, local morbid affection; but that it is impossible, with our unsettled notions about the general or local character of disease to construct a system of nosology on that basis.

#### SECTION 10.

*It is expedient to designate by particular names certain morbid conditions which are characterized by particular symptoms.*

It is difficult to trace this custom, which has prevailed from time immemorial, to its origin; its remote date shows that it must have been considered necessary. It is quite natural that particular names should be applied to phenomena of frequent recurrence, in order to distinguish them from other dissimilar phenomena; and it is likewise natural that the name should have been applied in accordance with the external form of the affections. The names of diseases, particularly those of remote date, refer principally to that which is most prominent in the diseases, even were this merely subjective sensations. Hence the different diseases which are characterized by a

certain sensation of pain, are designated in accordance with both the seat and the nature of this pain; they are called, for instance, cephalalgia, hemicrania, prosopalgia, angina faucium, pains in the back, pains in the kidneys, cardialgia, pains in the chest, colic, rheumatism, etc.; or, lacerations, burning pains, pressing pains, tearing or drawing pains, cramp-pains, etc. At all times diseases have been moreover named by their predominant objective symptoms. In this way the fevers: jaundice, dropsy, chlorosis, vertigo, scrophulosis, variola, rubeola, miliaria, scarlatina, erysipelas, vesicular fever, burning fever, intermittent fever, continuous fever, etc., have been formed, and it has been deemed fortunate that we should be in possession of names which would recall to our minds the idea, though only general, of the disease.

As far as this went, nothing could be urged against that custom. Soon, however, the propriety of modifying those names was discussed, and all sorts of sophisms were resorted to in that discussion, without first agreeing on the basis upon which those modifications should be proposed, whether the external phenomena of the diseases, or their type, or what was considered their dynamic anomalies, should be that basis. The attempts to designate the different morbid conditions as correctly as possible by names, have been carried farther and farther, and have finally led to the classification of diseases in genera, species, and varieties, basing that classification at times upon the objective organic, at times upon the subjective dynamic symptoms of the disease. The names of the genera, species, and varieties thus obtained, exhibited the most striking differences.

It is not my object to offer a complete critical review of the different nosological systems. Any classification based upon the basis above stated, has both its advantages and disadvantages. In classifying and denominating diseases by their external symptoms, according to *Pinel's* example, we consider merely the objective manifestation of diseases, thus escaping the danger of making mistakes through some incorrect idea of the internal disturbance. This danger threatens us, however, from another quarter; for essentially different diseases may be juxta-posed on account of certain resemblances of form, whereas other diseases which are closely related to one another, may be separated from one another. In order to obtain some idea of the errors which have been committed in this respect, we need only glance at the classification of the cutaneous diseases, and we will be astonished at the arbitrary manner in which these or those external symptoms have been adopted as a basis

of arrangement. *Bichat* has attempted to arrange diseases according to their locality. *Alibert*, *Good*, and others have followed his example. The defects of this kind of classification are evident. Diseases of the most dissimilar character are placed side by side simply because they have the same seat; other affections are located in the most arbitrary manner, according as this or that organ or tissue is supposed to be their principal focus. By this arrangement we are strongly reminded of *Broussais*, who considers the stomach and heart as the points from which all morbid irritations emanate!—On this occasion we may likewise mention the sporadic typhus, which was formerly supposed to belong to the class of adynamic fevers, and went by the name of typhus lentus; at present it is derived from intestinal ulcers, because they have been discovered after death. I am persuaded that these ulcers do not form an essential characteristic of typhus. At this moment typhus is prevalent in a small village of my district; among thirty individuals whom I have examined with the greatest care, I have so far discovered three only in whom the abdomen is somewhat sensitive to the touch. In the remainder all the symptoms indicated a purely nervous disease, and symptoms of an intestinal affection were altogether wanting.

To divide diseases according to their type, is likewise uncertain. The division of diseases into acute and chronic, is not founded upon any essential differences, since the same disturbance of the organism may be accompanied or not by fever, according as the nerves are endowed with more or less irritability and conducting power, and are, on this account, either capable or incapable of occasioning sympathetic reactions of the vascular system.

Fevers are principally classified according to their type. There is some reason in this, inasmuch as the recurrence and duration of the paroxysm and apyrexia constitute, as a general rule, the essential character of those diseases.

If we believe that disease is an abnormal vital activity, we require particularly to consider its mode and character, and the best principle of classification is that which is derived from the perceptible difference existing between the normal and abnormal vitality of the part. It is upon this basis that the nosological systems of *Hosack* and *Cullen* are constructed. That this mode of classification has led to enormous mistakes, becomes evident by glancing at the systems of *Brown* and *Rasori*. In reviewing such mistakes we learn how easy it is to conceive wrong notions about the dynamic condition of parts, as is most convincingly shown by the fact that the same disease has fre-

quently to be looked for under this or that head, according as the author of the nosological system had this or that notion of the dynamic character of the malady. Typhus, for instance, has for a long time been arrayed under the head of dynamic fevers, until later observers have shown that it possesses a peculiar erethic character. Among other curious things it is supposed that intermittent fevers are simple reactions against slow inflammations of the respiratory organs, and that intermittent fever and typhus are essentially identical.

Chronic diseases are supposed not to have any type. It is true that the type of those diseases is frequently entirely concealed, or can only be discovered with great difficulty. Hence it is that this large number of diseases has to be classed agreeably to one or the other of the above named principles; even in acute typical diseases the classification has in many cases to be based upon some other character than the mere type. In this way a number of nosological systems have been constructed and have been termed "natural," simply because their authors have endeavored to classify diseases according to their most prominent and distinct characteristics. It is evident that all those systems have no real objective value; they depend entirely upon the view which their authors have taken of the dynamic condition of the affected parts, or upon what they have individually considered the most characteristic feature of the disease. I may simply mention intermittent fever, which has, from time immemorial, been considered a separate class of fevers, with varieties such as quotidian, tertian, quartan, etc. All nosologists had agreed to consider the duration of the pyrexia and the frequency of the paroxysm the true characteristic of those fevers. At present, however, we have become acquainted with diseases which seem to be entirely nervous or neuralgic, and have nothing in common with intermittent fevers except that they have, like the latter, regular intermissions, that the paroxysms of hemicrania, prosopalgia, neuralgia oculorum, etc. set in after regular intervals, commence slightly, increase gradually, then decrease again, and have a certain duration. The difficulty of curing such diseases has led to all sorts of attempts. The supposition, for instance, that these neuralgic affections might be analogous to intermittent fevers, has led to the empirical use of Arsenic, China, and Quinine, and the success was at times so great that the analogy is no longer doubted. The difficulty then was to assign to these intermittent neuroses a place in the nosological systems, until the name of concealed intermittent fevers was hit upon. A real contradiction in terms. Such contradictions, however, are nothing new. Concealed piles

have likewise been spoken of, that is to say, piles which are no piles; natural philosophers have even spoken of concealed or latent light, that is to say, light which is no light, which *Newmann* thinks absurd. *Schænlein* calls all these intermittent diseases neuroses, thus avoiding the inconsistency which we have censured. This combination is deserving of all the praise which his disciples and all those who admire logical consistence have bestowed upon it. It is to be regretted, however, that the systems of nosology which have been constructed upon the above named so called natural principles, should have been mingled with uncertain hypotheses. *Eisenmann*, for instance, has derived the diseases termed *choloses* from a peculiar morbid agent of a narcotic nature, which he supposes causes an actual poisoning of the blood. The *pyroses* are supposed to be occasioned by an agent which may be considered an oxycarburet of hydrogen, or a hydro-oxyde of carbon; the *typhoses* are supposed to depend upon an agent composed of carbon, azote, hydrothion and phosphuretted hydrogen, the only foundation for that supposition being *Beugman's* statement that he has discovered hydrothion gas and phosphuretted hydrogen in the atmosphere of typhus patients. If we would continue in this way to let our fancy take its flight, we must expect to be brought back to the point which was occupied by *Theophrastus* with his Sal, Sulphur and Mercurius.

Suppose now I were asked: Has nosology been so far of any real use in the treatment of disease? I should rather answer, No. Nosological systems might be useful, if the division of diseases into genera, species, and varieties, were made with reference to those differences which diseases possess in common, and would therefore constitute therapeutic indications for any form of disease, like the asthenic diseases of *Brown* for instance, which remind us of the necessity of using stimulants for the purpose of exciting the vital action. Unfortunately a considerable number of physicians, particularly among the young and inexperienced, imagine that diseases which are classed in the same category have to be treated in the same manner, in the belief that certain analogies have induced the juxtaposition of those diseases under the same general denomination. This error has occasioned a good deal of mischief, and has led *Hahnemann* to assert that it is wise to reject even the ordinary names of diseases, to consider every case of disease a distinct, independent affection, and, if any of the usual names must needs be used, to say at least: A kind of intermittent fever, a kind of dysentery, typhus, cardialgia, dropsy, etc., in order to express even by this mode of speaking the



conviction that the treatment should not have reference to the genus, species or variety, but to the particular case before us. Hufeland has remarked that we might treat a disease very well and the patient very badly. This assertion seems paradoxical, but it includes the great truth, that the most orthodox treatment is not worth any thing when it is directed against the generic character of the disease, instead of being directed against the individual symptoms. A large number of skilful practitioners have expressed the same conviction, and *Romberg* says expressly that the name of the disease continues still to exercise a very pernicious influence on the treatment. The disposition to generalize has occasioned enormous mistakes. For many diseases of children which were formerly designated by the terms "convulsions or hydrocephalus," the collective name of encephalitis is employed now-a-days, and this denomination at once induces the physician to resort to an antiphlogistic treatment with leeches, cold poultices, calomel, thus destroying the patient who might have been saved under another treatment.

It has often been remarked that the most learned physicians are often the worst practitioners; this seems to be a contradiction, since it is impossible to know too much to practice medicine successfully. But to many *savants* we may apply these verses from Goethe's *Faust*:

Was man nicht weiss, das eben brauchte man,  
Und was man weiss, kann man nicht brauchen.\*

Many physicians are distinguished in nosological subtleties, and fight against the generic or family-character of the disease as *Don Quixotte* did against the wind-mills; but they have not studied the art of understanding the gentle hints of Nature in the life of the individual, and to investigate with due attention the peculiarities of every form of disease.

*Abusus non tollit usum.* I do not mean to condemn the attempts which have been made to classify diseases agreeably to a common character, and to give particular names to the classes and varieties; practitioners should not consider collective appellations of diseases fit therapeutic indications for special cases, and it were desirable that teachers of nosology would no longer present it to their pupils in such a manner as might lead them to select a remedy for the name of the disease rather than for its phenomena in their true connection.

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\* What one does not know, that is the very thing of which one stands in need of, and what one does know, one has no occasion for.

## SECTION 11.

This is the place to speak of Hahnemann's division of diseases into *acute* and *chronic*. As he had vehemently censured the custom of generalizing diseases, and had vigorously attacked the old names and the innumerable hypotheses about the essence of disease, it must have been a matter of great astonishment to see him engage himself in a road which he had condemned as dangerous and uncertain. His remarks about chronic diseases are so peculiar, and have been attacked with so much vehemence by his opponents and defended with so much zeal by his partisans, that his opinions on this subject are well worthy of a thorough examination, more especially inasmuch as some of his opponents have imagined that they could overthrow the whole homœopathic edifice by the refutation of a single point in Hahnemann's doctrine of the chronic diseases.

*Hahneman's opinions.*

If the most efficacious specific remedies, and which have been found of the greatest use in acute diseases, have proved less satisfactory in chronic diseases; if those remedies have not so much effected radical cures as temporary palliations; it is owing to the incorrect notions which we possess on the peculiar character of those diseases which are only incompletely revealed to us by their external symptoms. It has been observed that a chronic malady does not even yield to the strongest constitution, that it is not diminished by a regular diet or mode of life, that it does not disappear spontaneously, but increases from year to year, and, like miasmatic (properly called contagious) diseases, exhibits more and more dangerous symptoms. This observation has led Hahnemann to suppose that all chronic diseases originate in some miasm.

This supposition has acquired a higher degree of certainty by the fact that many of those who suffer with chronic diseases, have been affected with a scabious eruption, and we know from innumerable cases that the sudden disappearance or suppression of a scabious exanthem has been followed by chronic diseases characterized by analogous symptoms in individuals who otherwise enjoy good health. This has given rise to the conviction that the itch is the fundamental affection in which most chronic maladies originate. This fundamental itch is designated by the term *psora*, which means an internal malady with or without a scabious eruption. The remedies which

Hahnemann recommends for that fundamental psora, are called antipsorics. The fact of these antipsorics possessing curative powers in innumerable chronic maladies, is considered a proof of the psoric nature of these diseases; hence the conclusion that almost all the cutaneous eruptions, almost all the excrescences, from the figwart up to the largest encysted tumor, from a simple deformity of the finger-nails up to the swelling of bones and the curvature of the spinal marrow, the softening and curvature of the bones, the frequent bleeding of the nose, the different forms of hæmorrhoids, hæmoptysis, hæmatemesis, hæmaturia, dysmenorrhœa, habitual night-sweats and dryness of the skin, frequent diarrhœa, habitual constipation, pains in the joints, convulsions; in one word, a host of chronic disorders which pathologists are in the habit of designating by all sorts of names, originate in nothing but psora. These diseases seem to differ all from one another; but the similarity of a large number of their symptoms which are common to all, and appear during the gradual development of the diseases, and the fact that all those diseases are cured by the same medicines, show that they have a common origin. If left to themselves they grow worse from year to year, until the patient dies. They never get well of themselves. They must therefore originate in chronic miasms.

At present we know only three of those miasms, from which the greater portion of, if not all, chronic affections originate; they are *syphilis*, *sycosis*, and *psora*, the origin of the itch.

Psora is the most ancient, the most general, the most pernicious, and, nevertheless, the least known of all chronic miasmatic diseases. Now it assumes the form of lepra, then of St. Anthony's fire: etc. if driven from the skin, it shows itself in the form of mental or nervous diseases, paralysis, consumption, etc. Seven eighths of all chronic diseases originate in psora, the remaining eighth in syphilis or sycosis, or in all three combined.

The great extension of psora is, in a great measure, owing to the erroneous notion which physicians had, that the psoric eruption was a mere local cutaneous affection not affecting the organism, which had to be suppressed by local remedies; this was possible, provided the cutaneous eruption had not existed too long on the skin to be absorbed into the circulation, and thus to vitiate the blood and humors. Although the medical literature offered numerous examples of the sad results following the suppression of the itch, yet they were not heeded; and even to this day the itch continues to be suppressed by

ointments and washes, without the internal disease being heeded.

The infection takes place in a moment's time. As soon as it is accomplished, washes, ointments, cauterization even, become useless; the miasm invades in a moment the whole nervous system, as soon as a single part of it has been touched.

Chronic miasmatic diseases do not follow the same course as acute contagious diseases, which disappear again in two or three weeks, or as the fever with its specific eruption. Chronic miasmatic diseases never cease spontaneously, they only change their form.

In syphilis, the infection takes place instantaneously at the place of contact or friction, and is at once communicated to the whole organism. Immediately after the infection the venereal disease develops itself in the whole organism. Nothing is seen for some days at the place of contact, but the internal organism is actively engaged in ingrafting upon itself the several miasms. When the internal development is completed, the vital force endeavors to protect the organism by forming a vicarious symptom of the internal disease, generally at the place which had been first invaded, a vesicle making its appearance in the first place and changing to an ulcer called chancre, five, seven, or even more days after the infection had taken place. The specific remedy, if administered internally, will remove the whole disease, which cannot be accomplished by the local destruction of the chancre. In the latter case the organism retains the disease as venereal miasm, which never disappears spontaneously.

The same remarks apply to the itch, which is communicated much more easily than syphilis, by simply touching the epidermis. Every body is liable to be attacked by the itch. The external transparent itching vesicle is the product of the internal malady, which is not cured by the suppression of the vesicle, and which increases in violence after the vicarious symptom has been removed by external applications. Left to itself the itch forms pustules over the whole body, which continue to increase in number and disturb the general health correspondingly. The longer the disease has lasted, the more it is spread in the internal organism, the more does the preservation of the organism require the appearance of the external vicarious symptom, whose suppression under these circumstances becomes so much the more dangerous. The pernicious consequences of such a suppression soon show themselves. In the recent itch, on the contrary, when the entire organism is not yet affected, the pernicious consequences do not make their ap-

pearance immediately, but they nevertheless exist. The internal psoric malady spreads little by little, and, unless removed by art, continues until the patient's death, although he may apparently continue to enjoy good health for years. The symptoms of latent psora are often too indistinct to be recognized for what they are. These symptoms are more numerous in some individuals than in others. The most important are:

Frequent discharge of lumbrici and ascarides, with creeping in the anus, particularly in children, frequent distention of the abdomen, alternate bulimy and anorexia, paleness of face and flaccidity of the muscles, frequent attacks of ophthalmia, swelling of the cervical glands (scrofula), sweats about the head, frequent bleeding of the nose in boys and girls (seldom in persons of a more advanced age), coldness of the hands, or sweat of the palms of the hands, burning of the palms of the hands, profuse sweat of the feet, frequent numbness and going to sleep of the extremities, frequent spasms of the muscles of the extremities, jactitation of single parts of muscles, disposition to frequent catarrhs or dry and fluent coryzas, stoppage or painful dryness of the nose, frequent attacks of sore throat and hoarseness, hacking cough, paroxysms of oppression of the chest, disposition to take cold, to sprain a limb, frequent toothache, or headache, on one side, frequent flushes of heat in the face which are frequently accompanied with anxiety, falling off of the hair, scaly tetter on the head, disposition to erysipelas, irregular menstruation, starting of the limbs when on the point of falling asleep, lassitude after sleep, disposition to sweat in the day-time, coated, pale or cracked tongue, frequent mucus in the throat, bad breath, sour taste, morning-sickness, feeling of emptiness in the stomach, aversion to boiled or warm food, dryness of the mouth, frequent attacks of cutting pain in the bowels, of constipation or diarrhœa, blind or flowing piles, dark urine, varices on the legs, chilblains, pain in the chilblains even without the weather being cold, or in summer, pain in the corns without being pinched by the shoe, disposition of the skin to crack, cracking of the joints in moving them, drawing or tensive pains in the nape of the neck, back, limbs, particularly the teeth, recurrence of the pains during rest and disappearance during movement, recurrence and exacerbation of the majority of the symptoms in the night, or when the barometer is low, or during a north or northeast wind, in the winter or spring, vivid or uneasy dreams, difficulty of the skin to heal, frequent boils or panaritias, dry skin of the extremities, and even cheeks, peeling off of the skin in various parts, which is sometimes accompanied with itching and burning, vesicles

here and there filling with pus, and occasioning at first a voluptuous itching and afterwards a burning sensation.

A man may be affected with latent psora for a number of years without being inconvenienced by it, until the psoric disease is excited by old age or by external hurtful influences; it exhibits different symptoms according to the individuality of the patient.

#### SECTION 12.

The sycotic disease, which is generally compounded with syphilis, according to Hahnemann is a peculiar disease which is frequently, but not always, accompanied with a gonorrhœic discharge, and is characterized by excrescences on the genital organs. These excrescences show themselves several days or weeks after the infection; they are rarely dry and wart-like, more frequently they are soft, spongy and moist, readily bleeding, being shaped like the crest of a cock or like a cauliflower; if destroyed by cauterization, excision or ligature (by which operations the external symptom, which is the vicarious representative of the internal malady, is alone removed), a secondary, much more malignant disease is the consequence. Either similar excrescences are developed on other parts of the body, or else whitish, spongy, sensitive, flat elevations make their appearance in the buccal cavity, on the tongue, palate, lips, or else large brown nodosities (tubercles) in the axilla, on the neck, hairy scalp, etc. Other affections may likewise result from the suppression of the vicarious excrescences, particularly the shortening of the flexor tendons.

Mercury is of no avail against this disease; it aggravates the symptoms, because the secondary effects of the mercurial treatment unite with the symptoms of the sycotic disease which it has been unable to control. Sycosis is the least frequent of the three chronic miasmatic diseases.

#### SECTION 13.

*Syphilis* commences the moment the infection has taken place, and the first appearance of chancre is an indication of the syphilitic disease. If this chancre be destroyed by cauterization or desiccation, the phenomena of a general syphilitic disease soon make their appearance in the shape of buboes, ulcers in the throat, etc. Syphilis is less frequently complicated with sycosis than psora, and if, in this latter case, it be treated with mercury exclusively, it is transformed into a horrible compound called masked syphilis, or pseudo-syphilis.

## SECTION 14.

The classification of all chronic diseases under three general heads, *psora*, *syphilis*, and *sycosis*, has excited such a warm interest either for or against it, that we must be permitted to indulge some reflections on the manner in which it originated.

Having ridiculed the orthodoxy of the old school; having combated with a particular zeal the opinions of the iatro-chemists and humoralists as a tissue of falsehoods; having declared in favor of the most rigorous vitalism, and having derided the doctrine of occult qualities and acrid humors, Hahnemann excited so much more astonishment by deviating from his first opinions, as he had always endeavored to guard against any inclination of penetrating the mysteries of the internal organism, and had proclaimed the maxim that the objective phenomena are alone capable of furnishing true therapeutic indications. The anomalies of composition, the states of the organism which are generally designated by the term dyscrasias, were not heeded by him, although he did not absolutely deny them.

Hahnemann appears to have been sensible of the mistake which he had committed in not paying any regard to the existence of dyscrasias, and only speaking of a dynamico-spiritual influence on the totality of the animal life. The inefficacy of a treatment which left these material differences out of sight, led him to make a step backward, although he might perhaps not suppose that he did. He has preferred startling the world with the pretended discovery that chronic diseases are so inveterate because they depend upon some heterogeneous agent in the organism, a miasm.

In order not to recede too far from his ultra-dynamic notions he was obliged to start the doctrine, that immediately after the contact of the miasm, the contagion spread throughout the whole organism and produced a disturbance in the nervous system, which caused the exanthem to appear at the spot which had been first affected. In order to be consistent he denied that contagious diseases were originally local; to confirm that proposition he showed that the suppression of the local eruption of the itch, syphilis and sycosis, has in innumerable cases been the cause of a general internal malady which manifests itself in the most varied forms, and is much more dangerous than the original eruption.

Whether Hahnemann's views in this respect were right or wrong, they do not affect the homœopathic doctrine. The

discussions on the primitive seat of these contagious diseases are not yet closed, and it is no more my desire to mention the different opinions which have been expressed on this subject, than to express precipitately an opinion on a subject which is yet under discussion. I may, however, observe that a great number of facts tend to show that the contagion does not always attack the whole organism at once, that it may on the contrary beget a disease which is kept within bounds for a shorter or longer space of time, in which case the local symptom may be removed by cauterization or corrosive means without occasioning a general affection.

We must admit that we have no certain indication by which we can determine whether the itch is still a local affection, and that we ought to avoid any treatment which might be followed by a secondary psoric affection. Hahnemann has collected a large number of such cases from authors of the last century. The ancient physicians have never noticed any secondary psoric affections, since they treated all exanthematic diseases, even lepra, with external remedies, which were sometimes composed of very poisonous substances. *Galenus* tells us that copper, cantharides, and arsenic, were employed externally. Still he knew that the itch was not a local affection, since he supposed that it depended upon saline, stagnant humors. *Hildanus* attributes a case of melancholy with suppression of the menses, in the case of a young girl, to the sudden suppression of the itch with which she had been affected in her childhood. In *Fred. Hoffmann's System of Rational Medicine* we find a number of cases of disease from various ancient authors which had been caused by the sudden suppression of the itch, and were partly cured by the re-appearance of the original itch. In our age this subject has excited great attention. *Wagner* and *Wengel* have written on the pernicious effects of the sudden suppression of the itch; *Authenrieth* attributes to this cause the greatest number of cases of phthisis. *Schmidtman* has seen chronic pemphigus arise from a similar cause. He cured it; but in its place appeared violent cramps of the stomach with general emaciation, which disappeared after the re-appearance of the exanthem. According to *Albers* the suppression of the itch is frequently followed by organic diseases of the heart. Elsewhere he observes that chronic diseases of the skin frequently occasion diseases of the gullet, particularly strictures, indurations, ulcers, and that the gullet is frequently attacked with chronic inflammation while the pustules are forming on the skin. This is indeed, only a simultaneous sympathetic affection. *Metasta-*



sis principally takes place however in organs which have sympathetic relations with one another. I have known several cases of affection of the throat which could only be cured by the use of the antipsorics.\* *Griesselich* has seen the suppression of tinea, in a child of three years, followed by coxalgia, which disappeared after the tinea had been restored by means of tartar-emetic ointment. In a hunter of fifty years he has seen a cold with suppression of sweat followed by a herpetic eruption, which disappeared and was succeeded by anasarca. Nothing would do the patient any good. He was finally exposed to the heat of the sun; sweat broke out, the exanthema re-appeared, and the patient was well in a fortnight. I will add a few cases from my own experience.

The pupil of a musician was attacked with the itch. He rubbed himself with an ointment of lard and metallic mercury. The exanthema disappeared, but three days after he was seized with convulsions, which lasted half an hour, and terminated in a spasmodic torsion of the hands and feet, which was so painful that he uttered loud cries. The exanthem was soon brought out again by the application of flannel dipped in an infusion of mustard, and by the use of sudorifics; after which the convulsions ceased and the eruption was treated with more care.

A young girl, affected with the itch, suppressed it by washes and ointments, sulphate of zinc, etc. The consequence was that she was attacked with an affection of the eyes and intense photophobia. After having used a large number of remedies without the least success, she came to me. I diagnosed chronic retinitis, which was considerably diminished by small doses of Belladonna and Sulphur administered at short intervals, and which disappeared entirely in six weeks under the action of Phosphorus and Sepia. In proportion as the eyes improved, the eruption re-appeared upon the skin.

I have frequently observed that the suppression of the itch

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\* The following case is deserving of more particular mention. A lady of 48 years, who had been, some years before, with several children affected with itch, discovered some itch-pustules, but no general exanthem, upon her person, for which she did not take any medicine. For some time past she had been suffering with a difficulty of swallowing, which increased from day to day. Her throat had become narrower; she had to swallow more slowly from day to day; sometimes part of what she took remained in her throat, and threatened to choke her. An old-school physician advised her to apply a seton at the nape of her neck, which was, however, omitted. I gave her three doses of Sulphur, one every three days, followed by several doses of Graphites, one every five days. At the end of six weeks she was entirely well, without any exanthem having made its appearance.

is followed by herpes, salt-rheum, ulcers on the feet, oedema of the legs, chronic prosopalgia and phthisis. I admit that the conclusion *post hoc, ergo propter hoc*, is very uncertain, and that one often sees what one expects to see. It is therefore possible that we may frequently be induced by a preconceived notion to set down as secondary affections of the itch, diseases which are owing to an altogether different cause. Some of these diseases may have been occasioned by the very means employed to suppress the itch, among which we may enumerate Mercury, Arsenic, Oxyde of Lead. Nevertheless the same diseases have so frequently been known to follow a suppression of the itch that we cannot help imputing them to this treatment.

Experience shows that

1. The suppression of an exanthem is so much more dangerous as the exanthem is more acute; hence it is that phrenitis, delirium, convulsions, set in after the sudden suppression of scarlatina.

2. That the suppression of a chronic exanthem is so much more dangerous as the eruption has been longer on the skin and the suppression takes place more rapidly.

After the suppression of the exanthem, the symptoms of the secondary disease frequently manifest themselves so rapidly that there can scarcely be a doubt about their character; there may be a doubt when the eruption disappears slowly. It has been said that the irritation of the skin occasioned by the psoric miasm, and characterized by an itching and burning, must be of an inflammatory nature; and, inasmuch as the notion that inflammations must be combated by bleeding has not yet been abandoned, scarifications and carthartics have been resorted to in the treatment of the itch, in order not to omit anything which is required by the antiphlogistic treatment. It is true, the patient feels soon relieved, the itching and burning diminish, the exanthem ceases to spread, and disappears even so much more rapidly as the organism has been more violently deprived of the means of relieving itself from the internal disease by means of a congestive condition towards the skin; but, on the other hand, secondary affections make too frequently their appearance after such a depleting treatment, which cannot be accounted for.

I shall not endeavor to lift the veil which covers latent diseases. Are they depending upon some dyscrasia, or do they simply consist in a disturbance of the vital force? We do not know. We only know the facts; we know that the so-called latent diseases, are a disposition to certain irregularities which may be kept in check for years, by the good state of the gen-

eral health, and only break forth in some positive disorder when the vitality of the organism is depressed by age or by the influence of certain hurtful causes. The phenomena of disease, then, make their first appearance in that part of the organism which is weakest and therefore most susceptible.

#### SECTION 15.

It is well known that syphilis, when neglected, badly managed, or incompletely cured, leaves pernicious consequences, which frequently last during a man's lifetime, and are even transmitted to his children. The syphilitic miasm is very different from psora, although the syphilitic exanthema might, in some cases, be confounded with the common itch. It is less volatile, and is therefore less easily communicated. Healthy persons may for months sleep in the same bed with venereal patients without being infected. The syphilitic miasm attacks principally the less noble organs, the mucous and serous membranes, and, in more serious cases, the periosteum and glands, whereas the itch, being more volatile than the syphilitic contagium, invades more frequently the nervous system, occasioning epilepsies, spasms, dementia, melancholy, or diseases of the organs of the senses.

If, as Hahnemann pretends, the whole organism is invaded at the moment the infection takes place, there is no difference between primary and secondary syphilis; in this case secondary syphilis is simply the symptoms of the syphilitic disease having become general, previous to which the syphilitic disease, which was general from its commencement, was concentrated within certain limits. We may, on this occasion, mention the revulsions by means of which the disturbances affecting the whole system are vicariously represented by the affection of a single organ. *Hunter* has likewise maintained that every chancre is the reflex of a general disease, and that the symptoms of general syphilis only make their appearance after the destruction of the local symptom. In another work I have related the case of a young man who had been affected with a chancre for four years without having done any thing to remove it, and without noticing any derangement in his general health. A few days ago I had a similar case. I was requested to examine a young woman of 28 years living in the country. She was said to be affected with syphilis. I discovered a horrible destruction caused by primary ulcers that spread a truly cadaverous smell; but there was neither bubo nor ulcers in the throat, nor any other symptom of secondary

syphilis. She had been affected in this way for six months, and had not yet done any thing to get well. Cases where chancres are left to themselves, are certainly rare, but even those rare cases show that the affection may remain circumscribed within the same bounds for a long time.

We have many examples of general syphilis occasioned by the destruction or desiccation of a primary chancre. But there are also a number of cures of primary chancre by local means without any untoward secondary symptoms. I suspect that most of those cures are illusory. I know, for instance, positively, that a certain physician boasts of having cured a chancre by lead-washes, without suspecting that the young man, mistrusting these applications, had been all the time taking corrosive sublimate by the advice of some other physician. The great point is to know by what means a primary chancre has been cured. Was it by mercury? by Bellast's liquor, or by the mercurial ointments? From these remedies a specific cure may be expected. As for myself, I am so much less disposed to deny the possibility of curing a primary chancre by other than the above means, without any secondary syphilitic infection, as such a cure is frequently accomplished by the antiphlogistic treatment without mercury. However there are so many examples of secondary syphilis after the destruction of the local symptom, that this mode of treatment should be looked upon as a very doubtful proceeding.

#### SECTION 16.

Until now the appearance of the sycotic excrescences has been looked upon as a progress of the syphilitic disease. Hahnemann considers sycosis a disease *sui generis*. This opinion is founded on many facts. There are cases of extensive general syphilis without figwarts, and on the other hand figwarts without syphilis. This fact has been noticed by Glason in *Archiv. X*, 1. Newmann likewise asserts that the inveterate acuminate condylomata arise from a miasm which is different from that of syphilis, but is equally transferable by coition. I have frequently observed condylomata with or without syphilis; very lately I have treated two young men and a girl of nineteen, for simple sycosis. The two young men were in the first place attacked with gonorrhœa, which would not yield to the most celebrated remedies. The cause of this obstinacy was discovered in about a fortnight, where the condylomata made their appearance on the prepuce

and glans. In the case of the young girl they had appeared immediately without any other symptom. They were cured all three in a very short time by the specific remedy, *Thuja*, which has been first recommended by Hahnemann, and the efficacy of which has been verified by others. *Vossen* of Aix-la-Chapelle has likewise remarked that condylomata are not always indications of some previous syphilitic affection. But have they no sort of relation to syphilis?—Numerous observations have shown that diseases may degenerate. A badly managed itch frequently leaves herpes, and if this herpes is communicated to others, as will take place among persons who sleep in the same bed, the disease retains the secondary form of herpes. Sycosis seems to have sprung from syphilis, retaining a separate form. Sycosis may however become complicated with syphilis, as well as with psora or some herpetic dyscrasia, and will, in this case, be so much more difficult to cure.

Diseases belonging to the same family as syphilis offer many varieties. Gonorrhœa is not necessarily a syphilitic disease. There are three kinds of gonorrhœa which may be communicated by infection.

1. *Pure gonorrhœa, urethretis*, with increase of the mucous secretion, which never changes to syphilis, even when neglected or badly managed, although it sometimes leaves strictures and other painful affections.

2. *Syphilitic gonorrhœa*, with accompanying syphilitic symptoms.

3. *Sycotic gonorrhœa*, which is distinctly recognized only by the accompanying condylomata.

The difference of opinion which prevails on this subject, arises from the fact that these three kinds of gonorrhœa have been confounded with one another. This mistake is so much more unpardonable as the success of the treatment depends upon this distinction. *Giell* has seen tubercles appearing after a mismanaged gonorrhœa; according to *Autenrieth* and *Ritter* such tubercles are incurable. I presume that these tubercles were of a sycotic nature, and that they might have yielded to *Thuja* and *nitric acid*.

#### SECTION 17.

This is the place to examine the question: Is there a latent syphilis? By a latent or disguised malady I mean a disease whose internal nature is not distinctly recognized by its external phenomena. This is doubtless the case with some forms of syphilis, and it is needless to mention cases in proof of our assertion. But here another question presents itself,

which is more difficult to solve : Can syphilis exist in the organism without manifesting its presence by morbid phenomena? The nature and properties of a contagium and its mode of action are as yet unknown to us. What little we know of it is altogether empirical ; experience has simply revealed to us the fact that the contagious virus of acute diseases manifests its effects upon the organism very speedily. After the inoculation of the small-pox small blotches make their appearance on the third or at latest on the fourth day. Chronic contagia show their effects after a longer and irregular interval. Of two young men who were infected by the same woman, in the same night, and in the same bed, one perceived the symptoms of the infection on the third and the other on the eleventh day. The period when the rage breaks out after the bite, is still less uncertain. The causes of this difference are not seated in the contagium, but in the organism, which reacts sooner or later. If it be possible that a contagium should remain latent in the organism, it must also be possible that the disease which springs from that contagium should make a pause in its development, during which the condition of the patient resembles that which existed between the moment of the infection and its first external appearance. The interval between these two periods being of an uncertain duration, the pause which the disease makes in its course may likewise be more or less long.

I have never seen a case of latent syphilis or psora left to itself ; what I know on this subject refers to cases which had been cured, and where the eruption appeared again afterwards. Doctor *Bæhr* of Berlin has published some remarkable cases of latent or disguised syphilis in *Hufeland's Journal*. After having been slumbering for years the disease manifested itself under different forms, for instance as blepharophthalmia, iritis with contraction of the pupils such as is peculiar to syphilitic iritis, hemiplegia, insomnia, cephalalgia, amaurosis, violent rheumatism, epilepsy with dorsal consumption, hepatitis, pneumonia, etc. *Walther* has seen caries of the cheek and a poly-pous excrescence of the bladder appear, after a state of health of 12 years, in an individual who had been cured of a chancre by corrosive applications. I know cases where men who had been syphilitic, and who had enjoyed perfect health for years after the removal of the disease, have communicated to their wives a disease characterized by erosions in the vagina with corrosive leucorrhœa. One of them has had a son, who shortly after his birth, was attacked with flat, fetid ulcers on the scrotum and under the arms, and who died of atrophy. The father continued in good health for some years, when he was

frequently attacked with strangury. The mother was cured by Thuya and nitric acid. An imperfect cure, a simple neutralization of the syphilitic or sycotic contagium had probably been effected in those cases. It appears that the organism can gradually accustom itself to the irritation of the modified morbid principle to such a degree that no sensible reaction is perceived in the organism, although it may constantly possess the power of communicating the infection to others. Thus it is that herds of cattle from Podolia, even when in a state of perfect health, spread the anthrax in those foreign countries where they are transported, and that in the court of Oxford the prisoners who came out of the dungeons filled the hall with a smell of corruption, which caused a fatal putrid fever in all those present, although the prisoners themselves remained well.

#### SECTION 18.

Although a large number of chronic diseases originate in psora, syphilis and sycosis, yet this does not justify the inference that these are the only sources of chronic maladies. Hahnemann's reasons for restricting the origin of chronic maladies to those three miasms are the following :

1. The universality of the itch. This cannot be denied, and, since I have observed it more closely, I have been astonished to find that so many men are attacked with it. A large number of families, however, have never had the itch, particularly in the higher order of society, where there is more cleanliness and less contact with other people. Nevertheless those families suffer with chronic maladies; the supposition that these spring from some previous, unnoticed contact with itch-patients is indeed probable, but nevertheless too hypothetical to be considered a sufficiently sound basis for Hahnemann's theory.

2. The resemblance existing between the symptoms which generally make their appearance after the external suppression of the itch, and the symptoms of chronic maladies. There is scarcely any form of disease which has not been supposed to spring from suppressed itch. Supposing even that the resemblance is as general as is supposed, it would be an improper stretch of logic to infer that all chronic diseases originate in psora. We might just as well suppose that, because the indigo tinges blue, all blue colors come from the indigo. As certain it is, however, that there are many blue colors beside the indigo-blue, as certain it is likewise that a great many chronic diseases, even cutaneous eruptions, spring from other causes than psora. *Batemann*, for instance, describes a ca-

cheetic itch observed among sickly children, and even adults, when their constitution is broken down by some other chronic or by an acute malady; this itch is not contagious, which would be the case if it were of a psoric nature. *Girtanner* relates that hundreds of poor children from the county of Derby, who are brought up with oatmeal, are attacked with a slow scrofulous disease, and either die or else live in a wretched state of weakness. A large number of women come to Giessen to be confined in the lying-in hospital of that place, after which they place their infants with nurses in the city or country; I have frequently observed that these little creatures, from want of cleanliness and good food, are attacked with atrophy and enlargement of the abdomen, a cutaneous eruption frequently supervening. It would seem as though the cause of this decay should be attributed to the want of care, without seeking any more remote causes.

3. The obstinacy of chronic maladies cannot well be accounted for except by the presence of some miasm. *Hahnemann* admits, indeed, that there are many chronic conditions which are similar to those described by him, although they result from different causes, particularly from irregularity of diet or from some external noxious influence; but he does not consider such conditions chronic, inasmuch as they may cease of themselves as soon as the cause is removed. This is sometimes the case, but not always. Incipient atrophy may be cured by simply improving the diet and mode of life of the child, by giving it small quantities of light and nourishing food and keeping it clean. But if atrophy becomes chronic, if tubercles have formed in the mesenterium, diet alone is not sufficient, and the cure will be slow, even with proper treatment. Are there not many obstinate chronic diseases which do not originate in psora, such as dorsal consumption brought on by venereal excesses, dropsy occasioned by excessive bleeding, hypertrophy and induration of the spleen from abuse of cinchona in intermittent fever, the mercurial diseases of miners and looking-glass makers, the phthisis of stone-cutters, the hypochondria of savants, the hysteric diseases of delicate females, and those numerous nervous diseases caused by moral influences and frequently incurable, melancholy, epilepsy, etc. As we understand by chronic diseases all those which do not run through a regular course, we cannot admit the arbitrary classification of *Hahnemann*, who excludes from the number of chronic diseases all those which do not originate in one of his three miasms. It is likewise untrue that the diseases which he terms chronic never get well of themselves. I know seve-



ral families where the children were affected with scrofulous symptoms, glandular swellings, eruptions, etc., all of which have disappeared afterwards. A large number of abnormal conditions disappear at the age of pubescence, and a predisposition to phthisis frequently disappears after the age of thirty. Nature is frequently more powerful than art.

4. The cure of chronic diseases by the antipsoric remedies. This proof is the weakest of all. If the itch and all chronic disorders were cured by one or several remedies, Hahnemann might be somewhat justified in supposing that most chronic diseases originate in the itch. It happens, however, that the antipsorics do not cure the itch. It might be asked: What right has Hahnemann to call these remedies antipsoric? The only answer to this question is that he has denominated them antipsorics in accordance with the hypothesis that most chronic diseases originate in psora, and that those diseases are cured by the remedies called antipsorics. A number of chronic diseases, however, yield to other remedies than the antipsorics. Besides, it is illogical to infer an identity of forms from the fact that one and the same remedy cures different diseases. Even if diseases have any thing common in their origin, as is the case with encephalitis, croup, and syphilis, which have an inflammatory character, the resemblance is altogether too general to constitute identity, unless the genera, species, and varieties of all sorts of diseases are to be considered identical. Sophisms of this kind have frequently been indulged in, because in the first place, nosological generalizations have been carried too far, and, in the second place, because the fact that every remedial agent affects the organism in different ways, has not been properly considered. One and the same remedy may excite the activity of one system, diminish that of another, and may, in this way, manifest curative effects of an opposite nature, provided the systems and organs upon which the remedy is intended to act, are in opposite polarity. Hence it may be readily understood why the same remedy removes morbid states which are characterized by the most dissimilar symptoms. Calomel, for instance, at times induces vomiting, at others diarrhoea, at times salivation, and then again a copious secretion of urine; it frequently stimulates the activity of the internal absorbents, resolving indurations of the liver, glandular engorgements, causing plastic effusions to disappear, curing hydrophobia and other nervous or inflammatory diseases. At other times calomel is employed for rheumatism, and, if used for any length of time, it frequently excites a mercurial erythema on the skin. Who would undertake to assert that all

those diseases are identical because they frequently yield to calomel?

#### SECTION 19.

Although the psora doctrine of Hahnemann is too sweeping a generalization, yet it has had considerable influence on the development of the specific method of treatment, and has led to the discovery of truths which have long remained hidden from the eyes even of the most devoted partisans of Hahnemann's doctrine.

These truths are :

1. Although the animal life, in its highest form and development, seems to be endowed with regulating powers, yet it cannot be denied that the vegetative system exercises a reactive influence on the vital functions. Either of the three principal manifestations of vitality may be morbidly affected, which is principally the case with the vegetative sphere for this reason, that the exchange of matter between the organism and the external world is going on uninterruptedly.

2. We know from experience that organic lesions in the reproductive system may, in many cases, be directly acted upon by remedial agents with a view of correcting the anormal composition of the affected part. Such agents do not act chemically, since chemical action is subject to the laws of vitality ; but they determine the vital force to react principally in the direction of the reproductive sphere, they direct the process of exchange of matter, and so modify both the quantity and the quality of the secretions. These agents therefore act dynamically, although affecting more directly the local disorganization than other dynamic remedies which affect principally the sensitive and irritable sphere, although likewise producing local changes which are, however, too delicate to be perceived by the senses. From a dose of sulphuric ether, for instance, we perceive a general acceleration of the vital functions, whereas mercury seems to affect less the vital functions than the secretory process, occasioning perceptible local alterations in the secretions themselves.

Hahnemann having become convinced that it was essential to observe with due care the local changes supervening in a variety of morbid conditions, he expressed his testimony to that effect in his psora doctrine, which has indeed dazzled a number of his disciples, but, on the other hand, has induced many ardent admirers of the homœopathic healing art to devote all their efforts to the development of true pathogenetic principles.

The truth is that there are a great many diseases the inveterate character of which is owing to a disturbance of the vital action of the vegetative sphere, whence spring anomalies of composition which are generally designated by the term *dyscrasias*. It is likewise true that syphilis, sycosis and psora occasion many diseases, and that diseases which are occasioned by a miasm, unless radically cured, frequently leave a morbid principle in the organism which manifests itself in different forms; but it is also true that diseases greatly resembling one another and exhibiting the known form of dyscrasias, frequently arise from other causes, and are extremely obstinate without originating in a miasm.

It is therefore incorrect to apply the term antipsoric to all those remedies which cure chronic non-syphilitic or non-sycotic diseases. In a therapeutic point of view the name, it is true, is indifferent; but it is not indifferent to have false names which may lead to the adoption of the false notions which these names embody. The term "antipsoric" should be abandoned; it is of no avail, and may become a source of mischief. By those remedies, we understand remedies which are more particularly intended to remove anomalies of the vegetative sphere and of the composition of organs. The object of those remedies being the substitution of *eucrasia* for *dyscrasia*, they might be properly called "*eucratic remedies*."

#### SECTION 20.

The division of diseases into acute and chronic is of very little use in practice. Even if all should agree on the meaning of fever, (which is unfortunately not the case,) it is pretty generally admitted that fever itself is not the object of the treatment, since, as *Jahn* remarks, fever is not the disease but its shadow, that is to say, a sympathetic disturbance of the vascular system occasioned by some primary local affection. The question whether there is any essential primary fever, has not yet been resolved, and will not be until the other question is solved, whether there are local diseases. A large number of phenomena seem to show that certain conditions of the blood may excite general reactions of the vascular system, or what is called a pure vascular fever; and, inasmuch as the blood circulates through the whole body and the diseases of the blood may therefore be considered general, the admission of essential fevers is by no means objectionable. It is yet doubtful whether the alteration of the mass of blood which we suppose is formed in the capillaries, arises from a general

disturbance of the metamorphosing process, or, which is more probable, from some local affection of the existence of which we have as yet no positive evidence. This is the reason why the treatment of all so-called essential fevers is purely symptomatic. Our object in treating such a fever is, to remove the reaction against something unknown; whereas in every other form of fever, the treatment is directed against the fundamental affection whence the fever arises. Hence we distinguish inflammatory fevers, suppurative, gastric, hectic fevers, etc.; and, if we mean to pursue a rational treatment, we proceed not so much against the fever as against its causes, the discovery of which is sometimes the touch-stone of a good diagnostician.

#### SECTION 21.

##### *Disease becomes manifest by reaction, the same as life.*

Great confusion has arisen from the notion that disease is something abstract, something heterogeneous, against which the organism reacts; in distinguishing, in accordance with that notion, the symptoms of the disease from those indicating the reaction, cause and effect are confounded with one another.

No individual life can exist without the contact of the external world. For life is not the inmost power; it is the activity and existence through this inmost power. This power it is which reacts against the macrocosm. The reactive process takes place in the organism, and is therefore an anormal condition of the organism's own life, but not of a different life. The phenomena which characterize the process of reaction, take place agreeably to the laws of the organic vitality. Now, if disease be a mere modification of the organic activity, or, in other words, an alteration of the reactive process, it is impossible that the organism should react against its own reaction. A careful analysis of the pathological process gives us a still clearer insight into that subject, and leads to the following conclusions.

Death ensues instantaneously when hurtful influences act upon the organism in such a manner as will attack it at once in every part, and cause a general disturbance of the conditions upon which the individual life depends. Disease arises from a more or less local primary disturbance, manifesting itself at times by a derangement of the functions, at others by a derangement of the sensations, as in neuralgia, and being recognized by more or less distinct symptoms according as the

affected organ is more or less important, or more or less sensitive. The organism being a unit composed of different parts, the local disturbance must necessarily affect every part of the organism, though at different degrees. This difference depends partly upon the nature of the general sensibility of the organism, and partly upon the nature of the affected organ, upon the greater or less intensity of its nervous life, and upon the fact of its being a conducting agent, as is the case with the canals through which the blood courses or other fluids are transmitted.

The morbid sensations, or the functional derangement, of certain organs at a distance from the primarily invaded part, are termed sympathetic symptoms; the pain in the shoulder, for instance, which is a concomitant symptom of hepatitis, arises from the conducting property of the nerves, and is a purely sympathetic pain. A whole system may react sympathetically: convulsions; tetanus, trismus consequent upon a lesion of the tendons; febrile paroxysms, tumultuous movements of the heart and the whole vascular system in consequence of a primary affection of the nerves, are sympathetic reactions.

The subtlety has been carried so far as to distinguish the symptoms of the disease, and symptoms of symptoms. These latter, however, cannot be any thing else except a farther development of the disease, or a manifestation of the same affection in other parts than those which had been primarily invaded.

It is very natural and convenient, however, to distinguish idiopathic and sympathetic affections. The former claim our principal attention, for if they are removed, the latter frequently disappear of themselves. Sometimes it is very difficult to distinguish those two kinds of affections, because the idiopathic affections, when seated in organs that are poorly provided with nerves and are therefore endowed with little sensibility, are less distinct than the sympathetic affections, which are sometimes perceived sooner than the former. The sympathetic pain in the shoulder is frequently more quickly perceived than the affection of the liver which had given rise to it; the pain in the knee is perceived sooner than the affection of the hip-joint which is the cause of the spontaneous limping; and the vertigo, which is induced by the gastric derangement, is felt sooner than the more characteristic symptoms of an indigestion.

By symptoms we understand the totality of the symptoms of an idiopathic disturbance, as characterizing the reaction of

the organism against the morbid influence. What is termed symptoms of the reaction refers to the sympathetic affections : this denomination is incorrect, unless we understand by it that reactions take place in different organs by sympathy. Reactions against the disease can only be understood when the disease is represented as a local disturbance exciting reactions in other organs or systems, so that one organ reacts against another. The individualizing physician should consider all those phenomena of reaction as belonging to the disease, and the only distinction is between the idiopathic and sympathetic affection, the latter of which may be very different in different organisms (from reasons which we have shown above), although the symptoms may originate in the same cause. We shall hereafter speak of the reaction of the organism against the primary effects of external agents.

#### SECTION 22.

*The reaction of the organism against external influences is of different kinds.*

Medicine would become the most wretched empiricism, if we were guided in the exhibition of our remedies by no other principle than because they had been found efficacious in certain cases of illness characterized by similar symptoms, and if we would not inquire into the cause why those remedies had produced salutary changes. But, since disease is simply a modified vital state, we have to apply to physiology in order to ascertain under what circumstances those changes take place ; the discovery of those circumstances will lead us to the development of a physiological pathology which will at the same time be the basis of a true system of therapeutics, and will indicate the course we have to pursue in the treatment of disease. This shows that it is of the utmost importance to know how disease originates.

The effect which external influences exercise on the living organism, provided that effect is not purely chemical and therefore destructive of life, depends partly upon the nature of the external agent, and partly upon the degree of susceptibility manifested by the organism. The activity which is excited in the organism by the action of external influences, is generally termed reaction. We are so much in the habit of confounding the reactive power of the organism with its vital power, that no particular mention is made of the latter in speaking of the modifications which certain external influences excite in the manifestations

of the organic life; we content ourselves, on such occasions, with designating the external agent as the cause of those modifications. We express ourselves in this fashion: This thing is heating, cooling; it is a cathartic, sudorific, etc.; having reference merely to the result produced, the increase of heat, cold, alvine discharges, perspiration. Physiologists and psychologists, however, use such expressions with reference to the reactive power of the organism; their object is to determine the relation of that power to the external agents or stimuli, with a view of measuring the different degrees of reaction both quantitatively and qualitatively. Our knowledge of the quantitative nature of the reactions of the organism is purely empirical; we know too little of the laws of life to account for the quality of those reactions. We know from experience that Ipecacuanha occasions vomiting, that Rhubarb relaxes the bowels, that Morphine lulls one to sleep, and that Sambucus excites the perspiration. In observing the form of reaction we have arrived at a general perception of the principle of dualism, which leads us to suppose that the substances which excite a peculiar action in certain organs, hold certain polaric relations to those organs which we are as yet unable to designate more particularly.

Every animated individual is endowed with an inherent tendency to maintain its integrity in the contact with the external world, in which it succeeds, more or less completely, according to the measure of its reactive power. These quantitative differences of the reactive powers of the organism deserve to be more particularly inquired into.

### SECTION 23.

Among the different kinds of reaction on the part of the organism against external influences, we distinguish:

#### 1. *Direct and entire opposition to those influences.*

The organism opposes them in order to maintain the integrity of its sensations and functions; it endeavors to destroy the noxious influences by which it is threatened. To oppose those influences successfully, the organism, or at least those parts of it which are immediately exposed to the hostile agents, must be endowed with a fullness of vital energy. If the vital force and the external influence are equally powerful, they excite each other into a state of tension which exists wherever opposite forces neutralize and equilibrate each other. There are vigorous organisms that can expose themselves to a va-

riety of hurtful influences without being disturbed by them. In most organisms, however, the vitality of the single organs differs in degree, rendering certain parts of the organism more liable to disturbances than others. In one the vitality of the digestive organs is so powerful that the grossest violations of diet do not injure him, whereas the least cold may make him sick. Another exposes himself, dripping with sweat, to a current of air, without suffering any inconvenience from it, whereas the least chagrin will give him a bilious fever. The more the vital force is, in its fullness, equally distributed throughout the whole organism, the more successful are the efforts of the organism to maintain its integrity against hostile influences.

There are constitutions whose equilibrium is not easily disturbed, on account of a want of susceptibility on the part of the organism to external influences. It does not follow, however, that this organism must, on that account, possess a vast amount of vital energy. It is insensible to such influences, and is therefore very little disposed to reactions. This deficient receptivity is peculiar to torpid natures, where we frequently notice a predominant reproductive activity, a well-fed body endowed with great muscular power, but on the other hand a phlegmatic, peaceful disposition, and a limited development of sensibility.

This is a proper place to insert a few remarks on idiosyncrasy. By idiosyncrasy we understand a peculiar degree of susceptibility in different individuals, to certain external influences. Idiosyncrasy may either be general or limited to single organs, and may depend either upon an excessive sensitiveness or torpor. Such idiosyncrasies either induce violent reactions against particular external objects, or else there is a perfect absence of reactions where they would be experienced by any other being of the same class. If the odor of a rose induces syncope in some persons; if the exhalations emanating from a cat cause anguish and palpitations of the heart; if the smallest dose of camphor occasions sickness of the stomach and vomiting; if a large dose of rhubarb, instead of affecting the bowels, induce a profuse perspiration and a copious secretion of urine; all that we can say in relation to those phenomena is, that they exist without being able to ascertain their cause in the organism. We do not explain any thing by designating that cause by the vague terms of specific irritability or specific insensibility. These phenomena are however too important to a physician to be passed silently over.



## SECTION 24.

If the organism be neither insensible to noxious influences, nor capable of resisting entirely the hostile influences of the external world, there will be

*2. Reactions differing from those of the vital force in its normal state.*

There are external noxæ which appear to attack a whole system at once (for the local affection spreads too rapidly to be perceived), and where the general disturbance is afterwards reflected again in one or the other organ. I may mention alcohol as an instance. When swallowed it excites in the first place the nerves of the buccal cavity down to the stomach; this irritation soon affects the whole nervous and vascular system, and finally causes various local disturbances, vertigo, epistaxis, hæmorrhoids, jactitation of single parts of muscles, etc. according as this or that organ shows a particular disposition to reflect the general irritation. The majority of noxious influences, however, exercise a more marked primary effect upon a single organ. In scarlet fever, for instance, the throat is affected besides the skin; in the measles the mucous membrane of the respiratory organs and eyes. A large number of substances which are inhaled in the shape of gases, absorbed by the surface of the body, or incorporated in the organism by the stomach and intestinal canal, or which affect the organism by their mere contact, produce analogous disturbances in the functions of certain organs or in a whole system, if the vital force, struggling for its integrity, although strong enough to repel the chemical influence of the external agents, be too weak to resist their dynamic action. This conflict results in reactions, the external manifestations whereof indicate to us the nature of the disease.

## SECTION 25.

The duration of the primary hurtful effects of external agents, and hence of the diseases themselves, is extremely varied. The continuance of the morbid condition requires

*(a) A continuance of the external morbid agents.*

Many of these, whether spiritual or material, are merely temporary; for instance, a fright, chagrin, sudden cold, an indigestible article of food, intoxication, a stroke of the sun, an

excessive exertion, watching, a volatile miasm which soon becomes extinct, although it may excite violent temporary reactions, such as the contagium of small-pox, scarlatina, measles, etc. The pendulum which has been set in motion by a touch of the hand, will soon cease to vibrate provided it is not touched again; in the same manner the equilibrium of the organism is soon restored by the vital force, provided this has not been too violently disturbed. In such cases the duration of the disturbance depends upon the condition of the vital force generally, or upon the inherent vitality of the affected organ in particular. Upon these circumstances depend likewise the difference in the duration of the acute contagious diseases, and the frequent increase or decrease of the duration of the single stages; whence we may infer that the duration of the disease is not determined by the disease itself.

Other morbid causes are so permanent or recur so frequently that they represent a continuous series of noxious influences, which make it impossible for the organism to free itself from the disturbance it had suffered. Such influences are, for instance, grief, care, jealousy, daily quarrelling, unhealthy climate, sojourn in damp air, or in houses which are exposed to currents of air, excessive heat or cold, inhalation of hurtful vapors, gases or fine dust, bad food, food or drinks which are absolutely deleterious, excesses in eating or drinking, irregular sleep, excesses of any kind, etc.

Some individuals are endowed with such a powerful vitality that they can gradually accustom themselves even to the use of poison without being affected by it. Mithridates had accustomed himself to the daily use of poison to such an extent that it had lost all effect on his organism, and that he had to destroy himself with his sword. Strong constitutions are acclimated much more rapidly than weakly, and a variety of pernicious influences lose their power if the organism be strong enough to get used to them.

Strangers are soon affected with goitres in those parts of Switzerland where the disease is endemic, although the difformity does not remain in all cases. Many are cured by the use of specific remedies. Sometimes the affection reappears, and finally stays away on account of the patient having become used to the climate or the water. In all cases, however, where the vital forces are constantly overpowered by the external noxious agent, a cure is impossible as long as the patient remains exposed to the morbid cause.

## SECTION 26.

The continuance of a morbid condition depends

(b) *Upon the continuance of the internal cause.*

It is inconceivable that the truth of the axiom "*causa remota cessat effectus*" should ever have been disputed. Those who deny this proposition, have failed in perceiving the true cause of disease. It has been observed that diseases continue even when the external morbid agents no longer exist. The rheumatism continues even when the current of air which had occasioned it, ceases to affect the organism. The epileptic fit after a fright, the inflammation of the brain after a stroke of the sun, the bilious fever after chagrin, continue after the exciting causes have passed over. But there is still an internal cause of disease, an alteration of the organic relations which had been occasioned by the external morbid causes, and now continue to keep up the disturbance. Bearing this truth in mind we shall guard against the mistake of confounding the internal proximate cause of the disease with the disease itself, or with what has been termed the essence of the disease. The proximate cause is the real object of cure, and must necessarily vary on account of the variety of the forms of disease. This variety may be reduced to two principal divisions: *dynamic* and *somatic diseases*.

## SECTION 27.

The *dynamic alteration or violation of the vital force* may be of various kinds.

(a) The vital force may be equally impoverished throughout the organism. A man in that condition does not exhibit any particular symptoms of disease; he is simply said to be weak, as in *marasmus senilis*, where life gradually becomes extinct even in the absence of external morbid causes. The internal vitality has been consumed and ceases, as the lamp would cease to burn from want of oil. This adynamic condition is not alone met among old people. It may be hereditary, it may result from poverty and misery, from poor diet, excessive exertions, watching, wasteful expenditure of strength; or it may remain as a consequence of some severe disease, where the vital force had been so completely exhausted by violent reactions that its restoration became impossible. Although such an adynamic

condition may not be characterized by any definite morbid symptoms, yet it is a painful state of weakness, an anormal condition of the organism, and, as such, is liable to medical treatment.

(b) A disproportionate distribution of the vital force among the single tissues and organic systems is of more frequent occurrence. This may either be hereditary or acquired, and is extremely varied. Each of the principles of vitality may either be anormally excited or depressed. The reproductive power may either be too active, or too weak to prevent a state of general atrophy. Sensibility is at times excessive, at others depressed, occasioning too acute or too feeble sensations from external impressions. An excess of irritability manifests itself by too violent, a deficiency of irritability by too feeble reactions.

There are few beings in whom the vital force is not more or less unequally distributed among the different organs and systems. An excessive action of the vegetative principle causes hypertrophy or atrophy of single parts. The secretion of bile, saliva, gastric juice, semen, mucus, is at times too profuse, at others too scanty. We perceive frequent differences of sensibility in the cerebral, ganglionic and peripheral nerves, and likewise among the organs of sense. The hysteric female may faint from the sight of a drop of blood, from the noise of a jammed door, from the smell of musk. Differences of irritability may at times occasion palpitation of the heart, at others intermissions and collapse of pulse, tonic and clonic spasms, etc. An alteration of the true dynamic relations indeed takes place in every disease; frequently, however, it is merely temporary, and disappears of itself. In many cases it is constitutional, and occasions either protracted or incurable sufferings.

#### SECTION 28.

*The continuance of a disease frequently depends upon anormal local changes.*

It is not my intention to trace all bodily changes to a dynamic cause; I simply wish to examine the consequences arising from the reaction of those local changes upon the vital functions. Anormal formations are either congenital or acquired; frequently they remain after other, particularly after inflammatory diseases, where the plastic functions are particularly excited, and are therefore apt to occasion hypertrophies, adhesions, indurations, contractions of cavities and canals; sometimes the anormal reproductive process leads to opposite results, desiccation, softening of organs, etc. Many defects of this kind

are obviated by a restorative reproductive process ; others, by the fact that the function of the disabled organ is vicariously carried on by some other organ, as in the case of an obliteration of large blood-vessels where some anastomosing vessel is dilated by the current of blood and conducts it onward, or as in the destruction of one kidney, after which the other kidney enlarges and is enabled to secrete the necessary quantity of urine alone, etc. There are also anormal formations which remain the whole life, occasioning painful sensations and functional disorders. Many of those defects become known only after death, and then account for the unsuccessful treatment of the apparent disease. These occult anormal alterations frequently depend upon a congenital disturbance of the reproductive activity, or upon some external deleterious influence, or lastly, they may remain as consequences of some other disease, particularly of chronic exanthem. *Hohnbaum* mentions with great correctness that many chronic diseases are consequences of acute disorders, from which they arise either directly or indirectly, in consequence of the alterations which the acute disease had occasioned in the structure, texture, or functional activity of one or more organs. Sometimes an acute disease terminates critically in a chronic disorder. In other cases the chronic disease is simply a continuation of the acute disorder, as amaurosis after typhus, asthma or hydrothorax after pneumonia.

#### SECTION 29.

*Another cause of the continuance of a disease is the absence of a dynamic resistance.*

Many things in life would occasion a disturbance of the normal activity of the organism, if circumstances or art did not create some counterbalancing influence. In investigating the fact why certain anormal relations do not occasion any disease, we shall be led to observe that things which are capable of producing morbid states, are likewise capable of removing them. I can here offer only a few illustrations in reference to that subject.

Many men continue well only as long as they remain in a region where the climate, though injurious to others, seems to act as a preservative of their own health. Many persons who lead sedentary lives, would get sick if they were to suffer all the exposures of a stage-driver, and this one feels probably well only because his torpid nature requires such violent concussions. Such constitutions thrive under the effects of brandy which would ruin the majority of men. There are individuals

who do not feel well and digest badly, if they are deprived of chagrin; a fit of anger restores the harmony of their functions. Their illness probably arises from an adynamic condition of the liver with the acholia, which is suspended for a time by violent irritation of the biliary system. I have known a young lady who seldom spent a few weeks without being attacked by a species of nettle-rash, but never had a symptom of it during the season of sweet-water crabs, of which she consumed a large quantity. It is well known that crabs occasion such eruptions in many persons. Many men are seized with cutaneous eruptions on changing their places of residence or drinking different water. Many kinds of water may indeed possess the faculty of rousing the latent disposition to cutaneous diseases. My observation leads me, however, to believe that those eruptions arise from discontinuing the usual water, which has the power of counterbalancing a certain innate tendency to eruptions on the skin. There are short-breathed horses which continue in good breath as long as they drink some flowing water. If transported to some other region, they become useless. Many men feel well as long as they drink a certain kind of mineral water, or take a certain kind of medicine, or smoke a certain kind of tobacco, or take snuff, for no other reason than this, that those substances counterbalance the habitual anormal dynamic relations existing in such individuals, and maintain a state of equilibrium which is necessary to the existence and continuance of a state of relative well-being.

### SECTION 30.

The living organism is endowed with

3. *A tendency to reactions that are in polaric opposition to the action of noxious agents.*

This tendency corresponds perfectly to the highest idea of life. This highest idea implies that the individual life should possess the power of offering a polaric resistance to the macrocosmic influences, which threaten to destroy the individual. The idea of force throughout nature has an empiric foundation; this however does not detract from its value. We should be ignorant of the force of gravitation and the centrifugal force, and of the principle of light, if we had not observed the manifestations of those forces, and, if out of those observations, the idea of the forces had not been developed; and yet we are proud of the consciousness of being able to construct solar and planetary systems by means of that idea.

The tendency which is inherent in the living organism, to oppose the macrocosmic influences, is founded upon the general law that forces, after they are freed from all restraint, will become so much more active, as is shown by many things in inorganic nature ; for instance by the effects of elasticity, in consequence of which certain bodies are endowed with an endeavor to resume their original forms after they had been compressed by violent means, by expanding at first beyond the limits of their original space, and gradually resuming their original dimensions. After rubbing a piece of glass, amber, sealing-wax or some other isolating electric body, those bodies attract small pieces of paper, and after a while repel them again with force. A similar phenomenon has been observed by *Nobili*, in the development of electricity by rotation. If a neutral wire be laid parallel to the voltaic circle, the electric current which is thus excited, has an opposite direction to the existing current. On removing the wire in the same position, its electric current becomes like that of the voltaic circle. *Murray* has observed that the magnetic needle undergoes certain fixed deviations on being held near a flame, that it deviates in an opposite direction after the removal of the flame, and only gradually resumes its original position.

The same law holds good in spiritual matters ; pressure calls out counter-pressure. The liberated prisoner is most inclined to abuse his freedom, and many an artist owes his skill to the oppression which he had suffered in his youth.

The hand which had been dipped in cold water, becomes cold, and remains cold as long as the water is cold enough to overcome the natural warmth of the hand. This is a positive primary effect of cold. On withdrawing the hand from the water, the warmth not only returns gradually to its former degree, but rises beyond it, so that the hand becomes burning-hot. The face becomes hot and red after returning from a walk in severe cold ; this is a reaction of the organism which endeavors to overcome the effects of cold.

After having got heated by dancing or by some other violent exercise, and the first effect has passed off, the skin becomes cool, and one feels chilly. The same kind of chilliness is experienced after an intoxication.

A cold or a cathartic occasions a diarrhœa, which is succeeded by constipation, with which those are especially affected who have taken a good deal of cathartic medicine.

The primary effect of China is tonic, after that it has an expanding, relaxing effect, which is manifest by the bloated face, the swollen limbs and the distended spleen of those who have taken a good deal of that drug.

Many people feel very ill while using the baths; they become nervous and imagine they are afflicted with all sorts of ailments which they never had before. If the water corresponds to the morbid condition of the patients, they get frequently much better than they were before, after the primary effect of the baths has passed off.

Shortly after a venesection the reproduction of the blood takes place very rapidly; on this account congestions which have been removed once or twice by bleeding, are much more difficult to cure, than they would be in persons who have never been bled. For the same reason a suppression of the hæmorrhoidal flux is attended with much more painful symptoms than the mere hæmorrhoidal pressing down, and females suffer much more from a suppression than young girls from a retention of the first catamenia.

Starvation-cures emaciate one a good deal; but persons who have gone through them incline to get very fat. The same fact is observed on patients who are recovering from an attack of fever with prostration of the reproductive powers; children grow with astonishing rapidity after having gone through an acute disease with great emaciation. It has been a matter of surprise that many remedies should have evinced an action contrary to what they generally are supposed to possess. Some have contended for one, some for another effect of a drug. Camphor, for instance, is by some supposed to possess cooling, by others heating qualities. It possesses either only at different periods. The first action of Camphor is rapidly cooling, followed shortly after by heat and sweat. Saltpetre acts similarly, but more slowly. The primary effect of Digitalis is to increase the beats of the heart and to suppress the secretion of urine; the secondary effect or the reaction of the organism induces collapse of pulse and copious secretion of urine.

We know that the first effect of spirituous drinks is to heat one and make one feel lively; but after this effect has passed off, one feels languid and drowsy, on which account it is very dangerous to drink brandy while exposed to severe cold, whereas a little cold beer or water has an unpleasant effect at first, but afterwards occasions a pleasant feeling of increasing warmth from within outwards. Cold feet are most speedily got warm by dipping them in cold water or rubbing them with snow. Small doses of the primarily cooling camphor, or small doses of ice or cold water re-excited the animal heat of cholera-patients, even in cases where rigidity and death-like coldness had already set in.

A little brandy, or a cup of coffee or tea occasions a



pleasant feeling of coolness in those who have been very much heated.

Men and animals who have become rigid from exposure to great cold, perish in a warm room, but recover again under a cover of snow.

### SECTION 31.

The power of the living organism to oppose noxious influences, is considered the *vis medicatrix naturæ*. The term *reaction*, by which that power is sometimes designated, is not sufficiently specific, inasmuch as the primary positive effect of the morbid agents likewise arises from a reaction of the organism. The term "secondary effect" reminds us of the action of the drug rather than of that of the organism. Reaction and counter-effect have been until now comprised conjointly under the collective appellation of reaction; I shall take the liberty to distinguish the two.

*Reaction* is an activity of the organism primarily excited by the influence of some external agent.

*Counteraction* is synonymous with secondary action, and is contrary to the primary action.

Hahnemann has designated the secondary action by the term *curative action*. In the *enanthiopathic* method the primary action is considered curative, though it is undoubtedly true that the secondary action is the most brilliant manifestation of the power of the vital principle.

### SECTION 32.

#### *A crisis is a true vital process.*

As in the universe, so in the individual, the life-principle is subject to laws even in disease whose course and issue depend upon those laws. There is no such thing as a spontaneous effort of the disease to terminate critically. The termination of the disease depends upon the organism.

1. Upon the condition of the vital forces, either generally or in single systems and tissues. A favorable crisis is a successful resistance of the organism to the disturbance which the hostile principle had occasioned. If the vital forces generally, or those of the affected organ in particular, be too weak, the counteraction which the organism requires to make in order to restore its equilibrium, is impossible. The morbid cause acquires a predominating influence, and the disease becomes either chronic or else the organ is destroyed, and, if it be an organ indispensable to life, the individual perishes.

The most common fatal terminations of pneumonia are paralysis or gangrene of the lungs. Paralysis arises from an entire exhaustion of the nervous life by violent reactions; in gangrene the exhaustion involves moreover the vegetative sphere. Single organs are sometimes affected sympathetically on account of an unequal distribution of the vital force, an excess of conducting power in single nerves, or an excessive irritability; such sympathetic sufferings are just as real as the primary affection. The organs which are affected sympathetically may likewise go to destruction, and occasion the death of the individual. If the organs which are thus affected be of secondary importance, their affection assumes a vicarious character, and the organism is preserved by the sacrifice of one of its parts. In other cases sound organs react against affected ones; this kind of reaction frequently results in a suppression of the morbid phenomena. In this way metastasis and metaschematismus take place, which are either favorable or unfavorable to the restoration of health. The most favorable termination of the disease is the appearance of an opposite state in the primarily or secondarily affected organs, provided the vital forces remain otherwise unimpaired. Dryness of the skin is followed by sweat, constipation by diarrhoea, dysuria by increased secretion of urine, raging delirium by rest and sleep. This transformation scarcely ever takes place in the whole organism at once, but in the same order in which the organs had been invaded by the disease, unless one organ should have been more intensely affected, and should, on that account, remain so much longer in a state of dynamic disturbance. Such an imperfect counteraction of the vital forces against the dynamic disturbance might be designated by the term "*half-crisis*." A *fore-crisis* (precursory crisis) is a state of dynamic oscillations arising from an equal struggling of the morbid agent and the vital force. Slow restorations of the equilibrium of the organism without any perceptible sign of oscillation, are termed "*lyses*." By "*false crises*" we mean the efforts of sympathetically suffering organs to restore their dynamic equilibrium, whilst the vitality of the more violently affected tissues is still too much depressed to accomplish a similar result.

Secretory organs are frequently those that are first affected, or else they suffer sympathetically. If the secretions had been interrupted during the morbid state of the organ, they must be so much more copious when the normal functions of the organ are about to be restored. Formerly this increase of the secretions was considered the cause of the simultaneous return to health, whereas both are simultaneous consequences

of the altered dynamic relations of the organism. It cannot be denied that injurious substances which had penetrated into the organism from without, or which had been formed in the organism in consequence of a disturbed state of the reproductive functions, are frequently spontaneously excreted by the organism. This, however, is not always the case. In many cases, recovery takes place without the secretions being altered or increased; it is accompanied with phenomena denoting a disturbance of the nervous system, such as fainting fits, epileptic attacks, etc.

The termination of a disease depends likewise

2. Upon the nature of the affected organ, whether the affection be primary or secondary. The more delicate organs are generally the more easily destroyed, and the diseases with which they are affected, generally terminate the more speedily. Alterations of structure are of the utmost importance. An inflammation of tuberculous lungs terminates most readily in suppuration, least frequently in gangrene; an inflammation of the cellular tissue generally terminates in dropsy, that of a muscle in dispersion or suppuration; a stone in the bladder is never superinduced by St. Vitus' dance, but frequently by the gout, which is likewise rooted in secretory tissues.

There are cases of disease which terminate in a manner that leaves it doubtful whether the recovery results from an endeavor of the organism to invert the polarity of its dynamic relations, for this reason, that no active reaction is apparently going on, and that we simply perceive a cessation of the former anormal development. A violent inflammation, attended with great swelling, particularly orchitis, is sometimes followed by atrophy. This is not owing to an inherent endeavor of the organism to produce a state contrary to an excess of reproductive activity, but the atrophy, in that case, results from the fact that the reproductive powers had been exhausted or paralyzed by the excessive irritation of a naturally irritable organ.

Many dynamic disturbances terminate in a manner which seems to be a mere negation of the original condition. If pains or convulsions abate, the patient becomes quiet; this quiet seems to be a sort of negative condition. Nevertheless there is opposition. The former dynamic relation, which occasions pain or convulsions, has been superseded by one that is opposite. Contraction is replaced by expansion, expansion by contraction. The opposition is therefore not limited to the mere external phenomena, but extends over the internal condition which is reflected by the external symptoms, and which the physician must take cognizance of, if he wishes to conduct the treatment intelligently.

## SECOND PART.

### DIAGNOSTICS AND THERAPEUTICS.

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#### SECTION 33.

*The safety of the treatment depends upon a correct diagnosis.*

WE will not deny the possibility of now and then performing a successful cure without a correct diagnosis. Such a cure depends upon mere chance, which indeed sometimes establishes the reputation of the most miserable quack. We cannot expect ever to penetrate the mysteries of nature, but we ought nevertheless to endeavor to know as much of disease as possible.

#### SECTION 34.

*The object of diagnosis is to know disease.*

Disease is an internal vital process which manifests itself to our senses by *symptoms*.

The particular kind of that abnormal vital process is the nature of the disease, which ought not to be confounded with the *proximate cause*; this is the inmost cause of the disease, hence the real object of cure.

The nature of ascites is an effusion of serous fluid into the abdominal cavity. The proximate cause of this disease is either an increased secretion or diminished absorption. *Kurt Sprengel* observes very justly that the proximate cause determines the particular kind of the disease, and that the general nature of the disease constitutes the genus to which it belongs. Vomiting, as a general thing, consists in an antiper-

istaltic motion of the stomach. The proximate cause of the vomiting may be an idiopathic irritation of the stomach by an emetic, by overloading it with food, by an excess of bile, inflammation, or by sympathetic irritation of the nerves of the stomach in consequence of concussion of the brain. The symptoms which indicate the nature of the disease, are too general to guide us in the selection of a remedy. Ascites is not cured by tapping. Vomiting may perhaps be suppressed for a time, but not cured, by so-called sedatives. If the vomiting is occasioned by the accumulation of noxious substances the danger is increased by sedatives. Help can only be afforded by removing the cause. To discover the proximate cause of the disease, a vast amount of pathogenetic and physiological knowledge is required. The physician has to analyze the morbid process and to trace it to its commencement. Pathologists have distinguished the proximate, remote and remotest cause. In ascites diminished absorption may be the proximate cause; the remote causes may be a pressure on venous trunks by a tumor, paralysis occasioned by an excessive irritation from abuse of China, or by spirituous drinks, or by a suppression of cutaneous eruptions, etc. He who is not acquainted with these remote causes, will not remove them, and will not be able to cure the disease.

#### SECTION 35.

The means of diagnosing disease are,

(1.) *Etiology*; the doctrine of morbid causes. This doctrine has arisen entirely from empiricism. As the development of the human mind progressed, attempts were made to establish a connection between the morbid causes and their effects, and to invest the hitherto empirical doctrine of etiology with a scientific character. Our present science of pathogenesis is a sort of practical etiology, and is intimately connected with the doctrine termed "*anamnesis*," or the doctrine of the deleterious influences which exist previously to, and open a road for, the disease. Both those doctrines, etiology and anamnesis, are indispensable to the diagnostician, inasmuch as a correct diagnosis is frequently impossible without a knowledge of the causes that have occasioned it. For instance, there are cutaneous eruptions that cannot be distinguished from the real itch by the mere external appearance. There are genuine and spurious syphilitic ulcers that resemble each other in the highest degree, and the true nature of which can only be determined by the presence or absence of a previous infection. A child sudden-

ly commences to limp; but even after the most careful investigation we do not discover any symptoms of a constitutional disturbance. Upon being told that the child fell, and that a pain in the hip was experienced immediately after the fall, we obtain a more correct notion of the proximate cause of the child's affection than if we were merely told that the child had taken cold. Two individuals are in a state of coma. One had poisoned himself with opium, the other had a fall on his head. The latter would be killed by an emetic, which would save the life of the former.

Physiological etiology teaches that there are two agents co-operating in the formation of disease; an external, which is the morbid cause, and an internal agent, which is the organism itself. The dynamic susceptibilities of the organism have to be carefully studied in order that the intensity of the disease should neither be over nor underrated. There are but few noxæ which affect organisms of the same kind in the same manner. Of this number are miasms and poisons. These agents have been variously defined, but those definitions have been rejected. It is a characteristic property of those agents to occasion a definite disturbance of the organism, more or less independent of the modifying influences of the peculiar nature of the individual. It is not very difficult to discover the action of poisonous substances in the organism. Etiological inquiries are valuable in another respect; they frequently lead us to the discovery of some remote cause which keeps up the action of the proximate cause of the disease, and the removal of which is in many instances sufficient to a cure; such remote causes are, for example, the presence of a quarrelsome person, a damp sleeping-apartment, a smoking stove, a hurtful favorite dish, a certain prejudicial occupation, etc. A painter cannot expect to remain free from colic as long as he continues to poison himself with lead by the introduction of the brush into his mouth; nor will a worker in looking-glasses remain exempt from mercurial symptoms until he discontinues his business.

#### SECTION 36.

The morbid power of external agents, except miasmata and poisons, is altogether relative, and an unsafe basis for the ideal construction of a morbid condition. We are frequently unable to ascertain the cause why morbid agents act with such different degrees of intensity in different organisms. There is a certain disposition to some abnormal condition in every individual, which is a preventive against other diseases. The

susceptibility to disease is, in a great measure, modified by temperament and mind, advanced or retarded development of the moral sentiments and bodily strength, size, fleshiness or thinness, greater or lesser development of single organs, length of the neck, shape of the thorax, firmness or flaccidity of the muscles, age and sex, acuteness or dullness of the organs of sense, greater or lesser irritability of the general organism or of single organs. Even actual defects may sometimes serve to neutralize relatively hurtful influences. If the heart be located in the right side, a dagger plunged into the left will not reach it. Some time ago I read of a case of hydrocephalus which was accidentally cured by a nail being thrust into the anterior fontanelle of an infant. The opium-eater is pleasantly excited by a dose of opium which might destroy another man's life. If an organ be in a polaric condition opposite to that of health, its normal condition may be restored by an influence which would subvert a state of normal polarity. In some cases, certain diseases may act as preventives against others. Syphilitic patients are seldom attacked by the oriental plague. Children who are affected with tinea are less frequently attacked by encephalitis; open ulcers and suppurating herpes frequently protect one against acute contagious diseases. It is well known that habit and the mode of life are capable of increasing or diminishing the power of certain agents. A delicate nurse would perish in three days, if she were to be exposed during that period of time to the hot sun in a cornfield. The tailor would lose his health by working at the furnace, and the miner by crossing his legs on a tailor's board. What is injurious to one, may be useful to another. Not all men are similarly affected by the same hurtful influences; even if every body had become sick in consequence of being exposed to those influences, yet it would not follow that the sickness must be the same in every case. Chagrin may occasion apoplexy as well as bilious fever; a cold may induce a simple catarrh, ischias, or typhus. The value of etiology is extremely relative, although a knowledge of the *causa occasionalis* of the disease must be very useful to an observing physician and one who is well versed in physiology.

#### SECTION 37.

A disease cannot be treated as long as it does not manifest itself by perceptible phenomena. The principal means of diagnosis is, therefore,

2. *Symptomatology*, or the doctrine of the symptoms. The lowest form of symptomatology may be termed *nosography*, a doctrine which teaches the mode of taking a correct record of the external perceptible symptoms of the disease. A higher form of symptomatology is the doctrine of the internal acceptation of the symptoms, *semeiotic*, which in conjunction with nosography, has elevated diagnosis to a higher rank. Our most estimable pathologists and therapists have complained of the imperfections of *semeiotic*. *Girtanner* complains of the darkness which surrounds us in the investigation of disease. *Choulant* says, that we know nothing of disease except the proximate cause and the totality of the symptoms. *Most* rejects the doctrines which we learn at the universities as trash which is useless to suffering humanity, and puffs up the learned fool like the toad in the fable. However, we can no more approve of the unqualified condemnation which *Hahnemann* and *Krueger-Hansen* have pronounced on medicine, than we can be blind to the imperfections of *semeiotic*. The following are some of the reasons why it is difficult and frequently impossible to infer the nature of a disease from the mere symptoms.

1. In some cases the symptoms are either wanting or too indistinct. Organs that are scantily provided with nerves, and are on that account rather insensible, such as the liver, may contain tubercles or even abscesses, or portions may be in a state of softening, or may have been affected with other defects for years, without any external phenomena of disease. Even in nobler organs, the brain, heart and large vessels, disorganizations have been discovered which were not suspected by any body. Of this number are cases of sudden death from the bursting of the heart or the aorta at a place which had become thinner. *Morgagni* mentions a number of cases illustrative of the above remarks. *Sebastian* made a post-mortem examination in the case of a man who had been sick with typhus abdominalis and had felt quite well for two years after, after the lapse of which period he died of acute pleurisy with purulent effusion into the cavity of the chest. The intestinal ulcers which are characteristic of typhus abdominalis, were found to exist yet in a state of integrity; only two of them were distinctly cicatrized. Several years ago I found the whole right lung of a man transformed into a sac of pus. The man had never felt ill, had undergone many fatigues on horseback and foot, and had been hunting two days before his death without feeling in the least inconvenienced. He died with the symptoms of suffocative asthma within five days. It cannot be supposed that the purulent



transformation should have taken place in that short space of time, so much more as inflammatory symptoms were entirely wanting.

2. Many symptoms are deceitful, for this reason, that the phenomena by which sympathetic affections manifest themselves, are frequently more distinct than the fundamental disturbance; sometimes the more important disease is complicated with affections that are of less importance, but whose phenomena are more marked, and, on that account, engage our principal attention. Errors of diagnosis are frequently discovered only after death. *De Haen* discovered gangrene of the stomach in the body of a female who had been sick for only five days, during which time she took food, and drank barley-water, and had neither nausea, nor vomiting, nor any of the most essential inflammatory symptoms. According to *Huguier*, a woman was treated for two years in the hospital St. Louis for hypertrophy of the heart; on making a post-mortem examination, the heart was found sound, but the lungs were studded with tubercles. *Huguier* likewise mentions a case of supposed tracheal phthisis, whereas the patient died of aneurism of the aorta. *Fricke* observes that, if the sensory be affected in tuberculous phthisis, the characteristic cough is frequently wanting. *Baglivi* remarks that the most experienced men are frequently deceived by pulmonary diseases, even in spite of the stethoscope. *Philipp* of Berlin relates a case where auscultation pointed to a defect of the valves, dropsy of the pericardium and œdema of the lungs; in the place of all this a post-mortem examination disclosed a partial thickening of the pericardium, dilatation of the left ventricle, and thickening of its walls, together with œdema of the lungs. *Wynn* of Glasgow discovered, in a man who died of dropsy, a complete degeneration of the kidneys, which could not be diagnosed by any external symptoms; and *Horst* speaks of a case of complete destruction of both kidneys, where the urine continued to be emitted with perfect ease until the last days of the patient's life. *De Haen* found the spleen, subsequently to an inflammation of the lungs, transformed into a pappy substance, without any external phenomena pointing to the degeneration. He has frequently seen cases of enlargement of the liver extending to the left hypochondrium, where other viscera were supposed to be affected. There are many morbid conditions, the characteristic symptoms of which are still very obscure. Of this number are tubercles in the brain, the affections of the pancreas. Some author lately spoke of an œdema of the spleen, of which nothing was known before. We know likewise very little of the asthma thymicum. It is particularly a matter of great un-

certainly whether it is occasioned by hypertrophy of the thymus gland, as is maintained by Kopp and denied by Staub, who mentions a case of gastrobrosis where every symptom pointed to asthma thymicum.

#### SECTION 38.

As it would be unjust, on the one hand, to reproach a physician with the impossibility of establishing a correct diagnosis when the means for so doing are wanting, so it would, on the other hand, be unpardonable to base a vigorous antipathic treatment upon a purely speculative view of disease. I will not here recapitulate the horrors which speculative theorists have made themselves guilty of, in the treatment of disease. The worst homœopathist may be considered innocent in their presence. Two things may occur, if the realization of a wrong theory in practice should lead to bad results. Either the physician is too vain to admit his error, and he continues to heap sin upon sin; or else, aware of his mistake, he changes his view of the disease, and modifies the treatment accordingly. In this way he continues groping in the dark, and modifying his method of treatment from day to day. The pure effects of drugs, particularly those of the darling compounds, being very little known, the most prominent symptoms of the remedies that are used in a case, are frequently mistaken for new phenomena of the disease. This leads to new views about the character of the disease and to a change of treatment. Our journals are filled with reports of cases by the most celebrated physicians which betray the most woful vacillation between a pretended rational and symptomatic treatment. At times the disease is derived from infarctions of the intestines, at others from latent gout, at times again from a supposed rheumatic, herpetic, or some other acidity. There is much talk about latent hæmorrhoids; that is, hæmorrhoids which are not any, and can only mean a congestive condition that may, under certain circumstances, occasion a hæmorrhoidal flow, but may just as well cause a bleeding of the nose, a hæmorrhage from the lungs or œsophagus, and might be termed latent bleeding of the nose, with the same propriety as it is termed latent piles. The doctrine of latent piles has been the hobby of the school of Stahl. For any irregularity of the circulation, a discharge from the hæmorrhoidal veins was supposed to be the sovereign remedy. A man living abroad, who is affected with a chronic malady, sent me some time ago a large bundle of prescriptions, together with the opinons of five celebrated physicians, who

had examined his case. All those physicians differed in opinion, for the simple reason that each took a different view of the nature of the disease. All of them were mistaken.

#### SECTION 39.

According to Hahnemann we cannot know any thing of disease except the symptoms. *The symptoms, in their totality, reflect the internal disease; that is, the affection of the vital force.* A disease is cured as soon as the symptoms are, each of them, permanently removed. I shall examine this doctrine more particularly in the following paragraphs.

#### SECTION 40.

*The symptoms are the external, objective manifestation of the morbid process which is taking place in the internal organism.*

Every disease must necessarily manifest itself by a corresponding alteration of structure, sensations, or functions. *Symptoms, however,* are only one portion of the clue which leads to the perception of the true nature of the internal morbid process.

In many cases of disease, the symptoms are so evident, that we are at once able to judge of the true nature of the disease, and to determine the remedy. In some cases, however, the symptoms are not so clear, and the real nature of the disease has to be determined by a process of a priori reasoning. By establishing his psora-doctrine, Hahnemann has admitted the necessity of speculative reasoning to determine the true nature of many forms of disease.

#### SECTION 41.

*To form a correct diagnosis, we have to employ every available and requisite means.*

It is of especial importance

1. To ascertain the influences by which the disease has been occasioned. Such an investigation can only be instituted by a well informed pathologist. A physician who is well versed in pathology will not inquire, in replacing a fractured bone, whether at some former period the patient has been affected with syphilis; but he will make such inquiries in a case of compound fracture, if the soft parts do not heal, if the wound discharge a badly colored ichor, and the edges of the wound

assume a lardaceous appearance : all these symptoms point to some latent dyscrasia, the character of which he desires to know. If a child should be attacked with simple influenza, the physician will not find it necessary to inquire whether the child has been scrofulous. Such inquiries would be necessary if inflammation of the eyes should supervene, which does not yield to the ordinary remedies for catarrhal ophthalmia. Sometimes children are attacked with swelling of the cervical glands in consequence of a cold; they feel like small peas, and are speedily reduced to their ordinary size by keeping the parts warm. If the physician should be informed, however, that the older sisters or brothers of the child have had scrofula, he would at once resort to the proper remedies to prevent the development of the scrofulous affection. The scientific physician will always endeavor to investigate every thing which may shed light on the case before him, hereditary disposition, temperament and constitution, idiosyncrasy, defects from badly directed education, effeminacy, injudicious attempts to harden the constitution, excessive efforts in studying, want of exercise, hard working at too early an age, bad or irritating nourishment, abuse of perfumes, excitement of the fancy in consequence of reading novels, onanism, violent suppression of excessive desires, excesses in venery, occupations favorable to the development of disease, irregular waking and sleeping, bad habits such as smoking, chewing, or taking snuff, unhealthy situation of one's house and particularly of one's sleeping apartments, want of cleanliness and fresh air, unhealthiness of the climate or locality, hurtful mode of dressing, tight lacing, tight cravats or garters, too light or too heavy covering inducing either a deficiency or excess of perspiration. I am acquainted with a man who has coryza with perspiration as long as the corn is in blossom, and who remains free from those complaints if he does not walk in the neighborhood of cornfields. Passions disturb the health in a definite but different manner. We know that anger causes a rush of blood to the head, chagrin an increased secretion of bile, jealousy, grief, and care depress the reproductive and sensitive functions. In many cases it is of the utmost importance to inquire into the diseases with which the patient may have been affected previously. I content myself with mentioning suppressed hæmorrhages and dried-up ulcers. Syphilis and psora ought likewise to be alluded to. *Schlegel* has related a case of hemicrania of thirty years' standing, for which he prescribed corrosive sublimate, after ascertaining the syphilitic origin of the affection ; the disease was cured. Thirty years ago I cured a pharmacist of cardialgia by means of Guaja-

cum, which I selected on account of the arthritic origin of the disease; he had consulted many physicians, but in vain. At the same period I performed another cure which created some noise. A young girl was affected with jaundice, and had used for six weeks so-called dissolvent remedies, agreeably to the prescriptions of some other physician. Being consulted, I suggested that the disease might originate in a spasm of the liver, inasmuch as the patient had previously suffered with hysteric spasms, which had now ceased. I gave her *Castoreum* and she was well in eight days. Disturbances occasioned by the former abuse of medicine and by depletions require to be considered. We are fully acquainted with the destructive effects of mercury upon the animal economy which often remain until death. The abuse of Iodine is likewise very dangerous. *Jahn* has seen it cause nervous consumption. *Dürr* has observed from frictions with the iodine-ointment for the removal of goitre, convulsions of the limbs and face, anguish, oppressive anxiety, palpitation of the heart, vomiting, violent headache, spasms and foam at the mouth. *Vogel* has seen a yellowish complexion turn suddenly blue in consequence of the use of Iodine. *Busse* mentions a case of slow poisoning by the flowers of zinc, of which a man of 43 years, affected with epilepsy, took 3246 grains within five months. He became an idiot and consumptive. *Tangueral* speaks of a case of fatal colic arising from the abuse of lead in hypertrophy of the heart, and of a cerebral affection in consequence of an accidental poisoning with lead. I may mention the delapidated condition of the nervous system of the opium-eaters and of those who use the haschisch, a favorite drink prepared from hemp; the leucophlegmasia and swelling of the spleen from the abuse of China; the cachexia and blackness of the skin occasioned by the nitrate of silver: the scarlet eruption from the balsam of Copaiva; the dyspepsia arising from the injudicious use of iron-water, and the bad effects from any improper use of mineral waters generally. *Krimer* says: I am convinced that the abuse of mineral waters occasions the very ailments which the rational use of those waters would remove. The health of persons who keep a domestic pharmacy, and prescribe for themselves or their relatives a dose of medicine for every little trouble, is generally very poor. Some time ago the Frankfort imperial pills were considered a panacea for every disease; now the universal remedy is Morisson's pills, who has attempted to show in a special treatise that all diseases can be cured with purgatives. The abuse of worm-seed and Chamomile-tea gives likewise rise to many disastrous results. Passionate

drinkers of chamomile-tea are frequently affected with bilious troubles, vexed mood, and morbid irritability of the peripheral nerves, with a disposition to inflammatory cutaneous affections. Lying-in women frequently have rash and sore nipples from the abuse of chamomile. The infants suffer still more, particularly if they too take the chamomile. *Winter* considers the abuse of chamomile one of the causes of gastromalacia. The most ordinary consequences of an inordinate use of chamomile are green stools, colic, flatulence, restlessness, tendency to start, rash, soreness under the arms, and in the neighborhood of the sexual organs. These consequences are not seen in lying-in hospitals where chamomile-tea is the usual beverage of the mothers: they make their appearance after the patients leave the institution. Other physicians might see those facts just as well as one of our school; but in their estimation every thing emanating from Hahnemann is deemed unworthy of any serious consideration.

It is of great importance to ascertain whether influences which have occasioned a disposition for certain diseases, do still exist, or whether all that remains of them, is their after-effects.

#### SECTION 42.

It is likewise of great importance to observe,

2. The ruling character or disposition of disease, designated in the German books by "*genius of disease*." We know from experience, that the general character of disease is modified by various sidereal, telluric and meteorological influences. This is particularly the case with epidemic, and sometimes also with sporadic diseases. If we know that the character of a prevalent disease is inflammatory, or rheumatic, gastric, bilious, typhoid, or putrid, this character will appear more or less in every single case. This would not do away with the necessity of studying every case, and prescribing in accordance with the perceptible phenomena of the disease.

#### SECTION 43.

We derive some of the best means of diagnosis from

3. The history of the case. In every case which is not entirely clear, we have to inquire into the first symptoms of the disease, of the patient himself, or of those who had an opportunity of watching him. Sometimes it seems at first as if we

could not learn any thing about the case; however, every new question leads to a new answer, and we finally succeed in obtaining the desired information. I have frequently observed that those of whom we expected the least information, can furnish us most. The servant is not apt to overlook the ill-humor with which his master may be tormented previous to an illness. The barber notices the bad smell from the mouth, and the cook, on hearing frequent complaints about the insipidity of the food, is easily led to suppose that her mistress's appetite is deranged. It is highly instructive to investigate the successive appearance of all the symptoms of a disease; this kind of inquiry makes us acquainted with the starting-point of the disease, and with the manner in which the morbid process has developed itself in the organism. It is frequently a difficult business to trace a disease to its cause, or to connect all the symptoms into one series of effects. Wherever the series seems to be interrupted, we have to supply the omission, by studying the physiological relation of the symptoms. We know that a deficiency of nervous power may prevent the manifestation of symptoms in some parts of the organism, and that other parts are more intensely affected on account of the acute sensitiveness with which they are endowed.

#### SECTION 44.

We ought not to neglect

4. The old rule, to notice the influences which are injurious or advantageous to the patient.

In inquiring into the precursory symptoms, it is advisable that we should inform ourselves of the external influences which aggravate or ameliorate the condition of the patient. If we have reason to suspect that the disease is of an inflammatory nature, our suspicion will be confirmed if we are told that stimulating influences aggravate, and cool air, cooling nourishments and drinks ameliorate the condition of the patient. If the symptoms should be very uncertain, and we should be told that wine is of decided benefit to the patient, we would then conclude that the disease has an adynamic character. The useful or hurtful action of certain remedies, from professional or domestic practice, may likewise throw light on the nature of the disease. Without going into details, let me state, by way of example, that a herpetic dyscrasia manifests itself by the little vesicles starting up around the red surface induced by a vesicatory; that the sudden prostration of strength

after venesection betrays a real debility of the vital forces ; that our suspicions of the syphilitic nature of an ulcer are justified by the fact of the ulcer healing under the action of mercury ; that our suspicion of an organic defect increases to a certainty, if remedies of a positively different nature do not seem to affect the case in the least. Here, too, mistakes may occur, particularly with physicians, whose powers of logic and observation are deficient.

#### SECTION 45.

An indispensable condition of a correct diagnosis is,

##### *5. Appreciation of the existing symptoms.*

Hahnemann asserts that the examination of a case requires nothing but impartiality, sound sense, close observation, and a faithful record of the symptoms. I think that this is not sufficient. We ought not only to know the symptoms individually, but in their true relation. To study the true scientific connection of the symptoms, we have to institute

##### *A correct examination of the patient.*

Such an examination can only be instituted by a physician well acquainted with physiology, pathology, and pathogenesis, provided he is otherwise endowed with sound sense, and sufficient powers of observation. The manner in which a physician conducts the examination of a case, is the best touchstone of his natural capabilities as a physician. So much is said of practical tact. The true practical tact consists in the talent of obtaining, at the first glance, a correct idea of the patient's illness. Practice may develop that talent ; but, it can never be acquired by mere study. There are many men who are unable to improve the teachings of experience. There is an immense difference between erudition and practical wisdom, and the most learned physicians, are frequently very bad practitioners.

There are many diseases that are at once known by their symptoms. Anasarca cannot well be confounded with another disease ; nor can hydrothorax, to which the œdema of the eyelids, the keeping the mouth open, the dropping of the blue lower lip, and the difficult breathing, with the shoulders drawn forward, point sufficiently to induce us to direct our questions with reference to that disease. Good observers are capable of discovering the nature of the case, even when the symptoms



are not well marked. This talent is particularly valuable in treating sick children. A description of the general features of the disease, either by the patient or by those around him, is frequently sufficient to lead the careful observer to such questions as have a direct bearing upon the case. If possible, the patient ought to be seen and examined by the physician personally. I have frequently found that the report which had been sent to me of a case, gave me an idea entirely different from the real state of things. It is frequently stated in such reports that the patient has fine red cheeks, whereas the cheeks are suffused with the hectic flush. If country-people complain of pains in the chest, it is generally cardialgia, and by pains in the stomach, the most varied sensations are frequently designated.

It is well to know the character and temperament of the patient, lest we should either over or under-rate the value of his subjective symptoms. Anxious and sensitive persons are apt to describe their sufferings in the strongest language. Hysteric novel-readers talk about spasms, when they have only cold feet. Torpid and phlegmatic patients fail in the other extreme, and frequently do not even take the trouble of informing their physician of serious indispositions.

#### SECTION 46.

Hahnemann directs that the symptoms of a case should be recorded in the words of the patient. This proceeding is particularly advantageous to a physician who is unable to select a remedy except by comparing the symptoms of the case with those of the remedy. I do not comply with Hahnemann's directions in this respect, in the first place because I like to avoid the appearance of an affected conscientiousness, and in the second place because I do not think it necessary that the case should be recorded in the manner prescribed. In a complicated and doubtful case it is of great use to note every thing concerning the disposition of the patient for the disease, the development and characteristic features of the disease, and to base one's opinion about the case upon a careful study and combination of the details of the record.

#### SECTION 47.

In examining a patient, it is not advisable to commence at the head and end at the feet, which is the order of the symptoms in Hahnemann's *Materia Medica*.

The proper method is to let the patient state his case as he

recollects it, in the order in which the symptoms have developed themselves. This will give the physician a general idea of the character of the disease and of the organs which are more particularly affected, and will enable him to give his questions a more definite shape and direction.

The physician seldom succeeds in obtaining a correct idea of his patient's illness after one examination. At the first visit of the physician the patient is generally somewhat excited; he does not show his real condition until he has become somewhat accustomed to the doctor.

No one has paid more attention to symptoms than Hahnemann. It is undoubtedly true that the symptoms of a disease, in all doubtful cases, at least, are a safer guide than speculative reasoning. Under the term "symptoms" I comprehend every thing which indicates a deviation from the former healthy condition.

#### SECTION 48.

We have to consider

##### 1. *The condition of the sensitive sphere.*

This sphere comprises the phenomena of the mind and disposition, including imagination, judgment, feeling, temperament. Many diseases are characterized by an increase or decrease of certain faculties, by an inability to form correct ideas of things which may give rise to delirium. In such a case we have to inquire whether the delirium proceeds from mental derangement or from an illusion of the senses.

In other diseases the affective sphere is particularly invaded. The patient is either more cheerful or more gloomy than usual, he is more sensitive, disposed to anger, chagrin, distrust, jealousy, malice, or he is more indifferent, even to those things or persons that are dearest to him. Of particular importance are: a complete change in the disposition and desires of the patient, excessive anxiety, desire to die, suppression or increased excitement of the sexual instinct, satyriasis, nymphomania, etc.

Under this head belong the functions of the senses, increase or diminution of the visual power, illusions of sight. I have known a hysteric girl who fell into convulsions at the sight of a bright-red color. We have to notice an increase or decrease of hearing, and the various kinds of noise perceived by the patient, such as whizzing, humming, roaring, ringing, etc.

Changes occurring in the other senses have likewise to be noticed.

Dreams should not be omitted. Coherent dreams about historical events are generally experienced only by persons in perfect health. It is well known that we are apt to dream of dead men when rainy weather threatens to set in; this indicates, indeed, that the state of the weather has an influence on the mind, but does not admit of any further explanation. *Jean Paul* observes that we are more inclined to fly than to walk in our dreams. This is quite natural, as the imagination is particularly active in dreams, and it is much more natural and pleasant for the imagination to fly than to walk. Anxious dreams are generally induced by a deranged digestion or irregular circulation. Dreams filling the soul with bliss at the termination of a severe illness, are frequently precursors of approaching death, and the transfigured expression of the countenance indicates a desire on the part of the soul to enjoy higher freedom.

We must not omit to consider the increase or decrease of the sensibility of the organism in general as well as of single tissues and organs, and have to observe with particular attention the relation of the cerebral and ganglionic systems of nerves. The physician should study the physiological relation of the symptoms, in order to understand them correctly.

The subjective symptoms deserve particular attention. Under this head belong the various kinds of pain, the easy or difficult performance of certain motions and works, general weariness, or weariness of certain parts, heaviness, numbness and going to sleep of the limbs, titillation and itching, disposition to stretch, etc. In regard to the pains, we have to investigate the seat, violence, duration, and peculiar nature of the pains, whether they are stinging, burning, aching, gnawing, corrosive, boring, tearing, drawing, throbbing, cutting, etc. The temperature of the body, or the feeling of heat or coldness, which is often in direct opposition to the temperature of the atmosphere, requires to be noticed. In the case of insane persons and infants, the symptoms can only be studied from the features and gestures of the patient. If the patient experience pains in the chest, the breathing is short and deep, inspirations are painful. In violent paroxysms of cardialgia, the trunk is generally bent forward, and the drawing up of the knees, and the stamping with the feet, generally betray colicky pains. If children suffer with pains in the ears, they generally cry constantly, and with a never varying degree of violence. Headach is frequently discovered by an increase of heat and sweat about the head, and by the

fact that the little patient frequently grasps at his head. Catalepsy, fainting turns, spasms, and convulsions, (although muscular motions take place in the latter), are nervous affections, together with many others which cannot all be enumerated here.

#### SECTION 49.

2. *The symptoms of the irritable sphere are likewise of great importance.*

The heart, which is the central organ of the irritable system, appeals more particularly to the attention of the physician. The pulse and the beats of the heart tell us whether the functions of the heart are normal or anormal. This is not the place for a doctrine of the pulse. Physicians of every school should be familiar with it. The doctrine of the pulse has been cultivated by some with a ridiculous care. The Chinese speak of a "stomach," "bowel," "liver," and "kidney-pulse," by which they pretend to ascertain the diseases of those organs. The Spaniard *Francis-Solano de Lugue*, speaks of a hæmorrhoidal pulse, of which *Sauvage* likewise makes mention. *Borden* has indicated the rhythm of the different kinds of pulse by means of musical notes, which is not an improper mode of designation. *Wetsch* has furnished a good compilation of all that has been said on the pulse. *Delius* calls the intermittent pulse accompanied with abdominal irregularities, bowel-pulse. This is an incorrect designation, since the intermission of the pulse likewise occurs in diseases of the heart, and in pneumonia. *Argentier* himself suffered for some time with intermittent pulse, in consequence of excessive study, and is said to have been cured by a bleeding. *Prosper Alpin* speaks of this pulse as the precursor of some crisis by the urine. Physicians now-a-days are less prone to such subtle speculations, although in many cases the condition of the pulse is considered more important than it really is. Later observations have shown what great influence the time of the day or night, motion or rest, and the position of the body have upon the pulse. In typhus, the pulse frequently does not reveal any thing; hence the old remark in typhus: "*Pulsus bonus, urina bona et æger moritur.*" Irregularities are so natural to many men, that they constitute a part of their well-being. I have known persons in whom the usually intermitting pulse became regular when they were sick. Such peculiarities may easily misguide a physician, unless he was acquainted with them previously. Repeated attacks of venous pulsation could not well be overlooked, and would lead one to suppose that certain

properties of the arterial system have been transmitted to the venous circulation.

The diagnosis of the diseases of the heart has been facilitated a good deal by the still imperfect doctrine of auscultation, although there are cases where auscultation leaves us in the lurch. Physicians without natural aptitude for that art, will never become skilful auscultators.

The general condition of the irritable sphere is not only determined by the rhythm and force of the beats of the heart and pulse, but also by the energy with which the reactions of the irritable system generally, or of some parts in particular, take place. No attentive observer will fail in noticing the alterations occurring in that system.

#### SECTION 50.

*3. The anormal symptoms of the reproductive system deserve the same attention.*

Under this head belong,

(a) The symptoms of the digestive functions, canine hunger and excessive thirst, or decrease of appetite and thirst; desire for or aversion to particular things, coated tongue, alteration of taste, eructations, bitter, sour, sweet, putrid, greasy or rancid, hiccough, regurgitation of food, nausea, retching, and vomiting, having regard to the substances which are thrown up; feeling of emptiness or fullness in the stomach, retraction or bloatedness of the epigastrium or hypogastrium or of the hypochondria, hardness, elasticity, fluctuation, or softness of the distended abdomen; anormal alvine evacuations, constipation, costiveness or diarrhœa, with discharge of the most varied substances which require to be examined with care; relaxation or spasmodic stricture of the rectum, tenesmus, etc.

The nature of the urine and the mode of emitting it, ought not to be overlooked. The emission may be involuntary, impeded, or entirely arrested. In acute diseases, a copious watery urine shows that the disease is not of an inflammatory nature; from a scanty, dark, and hot urine, an inflammatory character may be inferred; and a dark urine which tinges the linen yellow would induce a belief, even if we did not see the patient, that he is suffering with jaundice. In diseases of the urinary organs a careful examination of the urine is a matter of course.

b. The symptoms of disturbed respiration, both of the lungs and skin, difficult, deep, slow, anxious, short, and hurried breathing, or breathing which is only possible in certain posi-

tions of the body, observing moreover whether the inspirations or expirations are more difficult, whether the breathing is carried on with a certain regularity, whether the breath is fetid, whether the fetid odor from the mouth proceeds from the teeth, or from a deranged stomach, whether the breathing is attended with a particular noise, etc. The different kinds of cough, require likewise to be inquired into with great care. The symptoms of an anormal cutaneous action are likewise of great importance; these are, for instance, increase or decrease of the exhalation from the skin, dryness or moisture of the skin, alteration of the general or partial sweat, whether it is cold or warm, watery or greasy, oily, bloody, sour, pungent and biting, musty or putrid, including the kind of stain which the sweat leaves on the linen. The symptoms of the reproductive system include likewise,

(c) The symptoms of an anormal metamorphosis generally, which takes place principally in the whole capillary system. Such symptoms are, general or partial hypertrophy, obesity or emaciation, brittleness or softening of bones, rigidity or relaxation of the soft parts, changes of the hair, falling out or excessive growth, dryness or greasiness of the hair, rapid and premature whitening of the hair, etc. I ought not to omit speaking of the process of sanguification, a subject which has been discussed with much bitterness by the opponents and adherents of homœopathy. Hahnemann's assertion, that no one has ever had a drop of blood too much, has surprised the medical world the more as it was uttered at a period when scarcely any physician would admit that diseases attended with great vascular action, or diseases of an inflammatory nature, could be controlled otherwise than by depleting means. *Chrysippos of Knidos, Erasistratus, Baptist van Helmont, Cornelius van Bontekoe*, and a number of ancient and modern authors, have maintained the same doctrine. Without reviewing the reasons which have been given for or against the propriety of abstracting blood, I shall confine myself to an examination of the question. Can the process of sanguification be carried on to excess?

No unprejudiced observer will deny that any vital function may exceed its proper limits; that sensibility, irritability, and the reproductive functions may be excessive. If this were not so, no disease could ever exist. Hypertrophies have been observed in every part of the organism. There may be excessive secretions of mucus, gastric juice, bile, semen, cerumen, sweat, urine, serum; why not of blood? There is no physiological reason why the blood should be an exception. We know from experience that some men have an abundance

of blood, and that in others there seems to be a scarcity of that fluid. This condition of the organism is frequently the result of a congenital disposition. There are whole families in whom a plethoric disposition is hereditary. There are families in whose members the least wound occasions a dangerous hæmorrhage, although it is doubtful whether this is owing to an excessive sanguification. Plethora, even where there is no marked constitutional disposition, may result from a rich diet, if the digestive functions be otherwise good and a person take too little exercise, or from the use of beer, from too long sleeping; it may be likewise occasioned by repeated depletions, by means of which the volume of blood is indeed diminished at first, but a new tendency excited in the organism to reproduce the wasted fluid.

Symptoms of plethora are : Glistening of the eyes, frequent obscurations of sight with vertigo, particularly on stooping, and when getting heated by some cause or other; feeling of fullness in the chest; difficult breathing; slow, full beating of the heart and arteries; increased temperature in the whole body; feeling of heaviness and indolence; frequent going to sleep of the limbs; snoring during sleep, with hard breathing and anxious dreams; frequent dropping of blood from the nose; great relief from the above mentioned complaints by bleeding, or by meagre diet, drinking water, lemonade, and other cooling drinks. In true plethora, the above symptoms are almost constantly present; their occasional presence, or their sudden recurrence after a long intermission, only denotes a temporary irritation or congestion, which may come and go suddenly. Plethora comes on gradually and is more permanent. It is of the utmost importance in practice to distinguish plethora from temporary congestion, inasmuch as the propriety or impropriety of bleeding depends in a great measure upon that distinction. I shall recur to this subject hereafter.

It has already been stated that the other fluids of the organism may be secreted in excess. This is easily seen, particularly when the substances are excreted from the organism. The symptoms of an excessive or deficient secretion of bile require a somewhat closer examination. It is a matter of course that the alterations in the quality of the secretions should be carefully noticed.

#### SECTION 51.

There are many morbid symptoms which do not seem to belong to either of the three spheres of vitality exclusively, and

seem to denote a general disturbance of the vital forces collectively.

Among these symptoms we class an increase or decrease of animal heat, either in the whole or part of the organism; changes of features; alteration of the lustre and turgor of the eyes, of the color of the face, lips, tongue, palate, and gums; nature of the different coatings of the tongue; moist or parched appearance and rhagades of the tongue; alterations of the voice, faculty of swallowing, sexual functions; morbid character, first appearance and cessation of the menses; and finally all the morbid phenomena relating to pregnancy, confinement, and lactation. It is scarcely necessary to mention the different hæmorrhoidal affections. In cutaneous eruptions, their shape, and the changes through which they run at different periods, together with the accompanying general or local phenomena, such as itching, burning, etc., have to be examined with great care. This rule applies likewise to excoriations, vesicles, tubercles, aphthæ and scurfs in the mouth and nose, ears, on and in the genital organs, rectum, etc. Children have to be examined repeatedly, and with one's own eyes, in order that their ailments may be correctly ascertained. We ought not to overlook dentition, although it is my belief that its pathogenetic influence is generally overrated. The phenomena at the period of pubescence, and the influence of age and sex generally, should be carefully considered.

The aggravations or ameliorations which take place in the condition of the patient, deserve a particular consideration. They occur at a particular hour of the day, or at a time when the stomach is empty, during and after eating or drinking, during motion or rest, warmth or cold, in the open air or in the room, in damp or dry weather, in or out of bed, when sitting, standing, walking, lying, riding on horseback, or in a carriage. The manner in which certain symptoms succeed one another, or alternate with one another, the type of a fever, the appearance of some symptoms while others disappear, for instance the alternate occurrence of gout and hæmorrhoidal complaints, diarrhœa and megrim, have to be carefully inquired into. If symptoms of different diseases exist simultaneously, it is necessary to ascertain which have existed first, for instance in headache and nausea, which may depend each upon the other.

#### SECTION 52.

It has been deemed of importance, and justly so, to distinguish *essential* from *non-essential symptoms*. This is not always an easy business.



By essential symptoms we mean those that belong more or less to all the diseases of one class, and characterize a morbid process which, no matter in what individual it may take place, manifests itself in a great measure by similar symptoms. Such symptoms are therefore also termed pathognomonic.

Non-essential symptoms may depend upon various causes. They may depend upon a disposition to sympathetic affections, which may be different in different individuals, and, according as it is either present or absent, determines the presence or absence of those affections; or those non-essential symptoms may depend upon some incidental complication, developing themselves as a totally distinct affection which, in its turn, is an essential morbid state in reference to its own particular exciting cause. If one be at the same time affected with itch and intermittent fever, the essential symptoms of the former are the eruption and the itching, and those of the latter, the symptoms occurring during the paroxysms. Incidental symptoms only claim a moderate degree of attention; I prefer calling them accidental. Sympathetic affections are not accidental, except with reference to the class under which they are arranged in nosological systems, but not in regard to the individual whom we are called upon to treat, inasmuch as in the treatment of no matter what case of disease, every symptom is a therapeutic indication, and, as such, deserving of consideration.

There is no perfect certainty any where, except in pure mathematics. The physician is bound, however, to obtain as much certainty as he can in his art. A superficial observer will always remain a blunderer; nor will the fool who has no other claim to his diploma than the knowledge which he commits to memory, rise above mediocrity.

### SECTION 53.

*The highest object of therapeutics is to remove every symptom of the disease.*

When the art of healing was yet in its cradle, all the efforts of the physician were directed to remove the most prominent symptoms. These constituting in many cases the essential character of the disease, such a method of treatment must have very frequently led to a perfect cure. A number of remedies which have been thus empirically used for headache, toothache, vomiting, uterine diseases, etc., have been handed down to us, and are now used in domestic practice. For a long time past, however, it has been felt that the removal of single

symptoms does not constitute a cure, any more than we can extinguish the flames of a burning house by directing the stream against one side only. The fruitless attempts to combat the totality of the symptoms by a combination of remedies producing opposite effects, finally led to the conviction that every disease, in order to be cured, must be seized by the root. In this way the idea of rational medicine has first been started, and will ultimately triumph, in spite of the sneers and arguments of its opponents.

#### SECTION 54.

*The science of therapeutics is based upon a knowledge of the object of cure, and of the remedial agents.*

The necessity of studying the object of cure, has been dwelt upon with sufficient length in the chapters on diagnosis. We therefore pass at once to a consideration of the *Materia Medica*, under which name we comprehend every thing which we require to know for the cure of disease. The *Materia Medica* is divided into the following branches: *pharmacognosy*, or the doctrine of the physical properties, and the external characteristics of drugs; *pharmacy*, or the doctrine of the preparation and combination of drugs; and *pharmacodynamics*, or the doctrine of the effects of drugs upon the living organism. In a therapeutic point of view the last branch is undoubtedly the most important.

#### SECTION 55.

To combat forces by forces, we must in the first place know what they are. In endeavoring to establish a rational system of medicine, its authors were not content with ascertaining the phenomena which generally make their appearance after the administration of one or the other drug; they wished to know the laws which govern those phenomena. An investigation of those laws has not only given us a deeper insight into the mechanism of the vital forces, but has likewise led us to consider the relation which the forces of the organism and the opposing physical agents hold to one another. Our attempts in this respect have only been partially successful. In spite of our endeavors to infer the dynamic relation of drugs to the living organism from their physical properties, their shape, chemical composition, polarity, electro-galvanic or magnetic nature, we have not succeeded in establishing the science of pharmacodynamics upon *a priori* principles. This science,

however, ought to be something more than a mere juxtaposition of facts which have been committed to memory. It behoves us to examine the nature of the effects which the drug produces upon the general organism, or upon single organs and tissues, to combine those effects into a physiological unit by tracing their material or sympathetic connection from organ to organ, and, in this way, to invest the empirically discovered facts with the dignity of science. Hence it is that we do not content ourselves with establishing a general classification of drugs, but we endeavor to point out the organs which are specifically affected by the drugs, and the manner in which the drug acts. An increase or decrease of the pulse shows that the irritability is either increased or depressed. The idea of contraction or expansion has been inferred from a diminished or increased secretion of serum or mucus, from an arrest or increase of hæmorrhage, from a contraction or dilatation of the vessels. The reaction of organs that secrete fluids, is distinguished into alkaline and acid. We have remedies which correct the secretions and the composition of the tissues, remedies which excite or restrain the reproductive process, and remedies that increase or diminish the sensibility, and are therefore able both to remove and produce nervous irritation or torpor. Experiments have been made to determine the difference in the action of larger or smaller doses of a drug upon an organ, and the peculiar train of symptoms which is set up in one or the other organ, according as a drug is administered in large or small doses.

Many drugs act at first upon a certain tissue in such a striking manner, and thence extend their action over the whole organism in such a steady progression, that it is pretty easy to describe their permanent physiological effects with a good deal of accuracy, and to point out the alternate exaltation and depression which drugs occasion in the organic spheres in polaric opposition to one another. In many cases it is extremely difficult to indicate the dynamic condition reflected by the external phenomena. The desire to account for those phenomena, has frequently led to the most fanciful theories. I am far from desiring to lessen the merit of other authors, and therefore refrain from quoting examples. Any one may convince himself of the correctness of my remark by looking even at our best classifications of remedial agents, where the most heterogeneous substances, such as *Moschus* and *Carbo vegetabilis*, are found side by side.

## SECTION 56.

The incompleteness of our knowledge of the effects of drugs is owing:

1. To the difference of views about the physiological action of drugs generally.

For a long time, it was supposed that drugs acted mechanically, hence the notions of diluting, inspissating, dissolving, boiling, filtering, of a falling back or pushing forward of the humors, etc., the existence of a vital power being entirely overlooked. For the last twenty years the mechanical notions have been, it is true, abandoned; nevertheless they have made an impression on the mind, which, like a nursery-tale, clings to us in spite of our better convictions.

The chemical doctrines even, have not yet been abandoned, although chemical agents destroy the vital functions, and every chemical product in the organism is entirely destitute of vital action.

What has been said of chemico-vital action has no sense, except in so far as we understand by that action the simultaneous presence of vital and chemical laws in the organism; this, however, is not intelligible, as those two orders of laws are opposed to one another, and the preservation of life depends upon an absolute control of chemical action.

The attempt to account for the effects of drugs by stoichiometric principles, has been still more unfortunate. Such principles apply to dead substances only. We have already shown that it is impossible to represent life as an electro-galvanic process, and to account for the re-actions of the organism upon such grounds.

All those modes of explaining the vital process having been found imperfect, we have been induced to designate the power of drugs by the term *dynamic*, basing that power upon the presence of some occult self-existing force. We know this force by its phenomena only, which show that all the other forces which seem to be active in the organism, are subordinate to that highest power. The vital process is neither mechanical, nor chemical, nor stoichiometric, nor electro-galvanic, but is a higher power which avails itself of these subordinate principles in the performance of its functions. The idea of the dynamic action of drugs is therefore more comprehensive than any other, inasmuch as every sensation and function can be rationally accounted for upon such a ground.

The deficiency of our knowledge of the effects of drugs is owing :

2. To the impossibility of accounting for every phenomenon in the present imperfect state of our knowledge. Who can satisfactorily account for the fact that diabetes and cataract, pulmonary phthisis and fistula of the rectum, co-exist so frequently in one and the same individual ? or why Belladonna, which acts primarily upon the sensitive sphere, or turpentine and the balsam of copaiva, which effect primarily the uro-poetic system, occasion at the same time an inflammatory redness of the skin ? Our provings upon the healthy furnish a number of symptoms, the physiological connection of which it is scarcely possible to account for.

3. To the one-sided study of the effects of drugs in disease, which frequently differ from their true action on account of the alteration which has taken place in the conditions of the sensitive sphere, of the conducting power of certain nerves, or the reactive force of the organism. Hence it is that one and the same remedy will produce different effects, in different diseases ; quinine, for instance, occasions at times diarrhœa, at times constipation ; calomel at times ptyalism, at others vomiting and diarrhœa, etc. The proving of drugs upon the sick leads, therefore, to the most contradictory results. The curative powers of a remedy in certain affections are extolled to the skies ; if used by others in similar cases it is found unavailing. When a new remedy is discovered, it is employed at random in various forms of disease to find out its curative properties, and years elapse until they become somewhat remotely known. Kreasot, for instance, is used in this fashion by many physicians, very much to the prejudice of more trustworthy remedial agents. Another cause of our deficient knowledge of the pathogenetic and curative powers of drugs is,

4. The habit of mixing up a number of drugs in one prescription. This habit has existed from time immemorial, and has probably originated in an endeavor to attain several therapeutic objects at once. Agreeably to the principle : "*corpora non agunt nisi soluta*," solid bodies are mixed with liquids in order that the former may be administered in a liquid form. The feeble action of some remedies is supposed to be strengthened by the addition of similar drugs. Unnecessary secondary effects are supposed to be prevented by the admixture of other agents. Other agents are added in order to restore the variously misdirected vital forces to their original channel, or to remove sympathetic affections, or to make the medicines more palatable.

Many physicians have spoken for and against the mixing up of drugs. The greatest practitioners have generally been in the habit of using simple prescriptions. Hufeland has defended the use of compound prescriptions, without, however, carrying it to excess.

My own opinion on these subjects is as follows :

(a) It would be strange if the simple chemical substances were the only ones in nature endowed with medicinal properties. Mineral waters, which have such wonderful therapeutic properties, are compound substances. Plants and salts are no simple substances. Hepar sulphuris, metallic oxydes, compound acids, etc., are compound artificial preparations of great therapeutic value, the effects of which we know from repeated provings.

(b) We possess several pharmaceutic compounds, which we cannot reasonably reject in practice, provided they are always prepared in the same manner, and their physiological effects are well known.

(c) There are compounds which have become standing preparations in our pharmacopœia, and which we have a right to retain because we are fully acquainted with their therapeutic use. Such preparations are, for instance, Calomel and Opium, Ammonia and Tartar emetic, Nitrum and Laurocerasus, Cinchona and Sulphuric acid, etc.

(d) On the other hand it is entirely wrong to make medical compounds as we sum up numbers, and to suppose that the effect of all the substances united contains the effect of each in its genuine form. Some of those substances may act in the compound as they do singly ; but as a general rule, the effect of the substances combined, is different from what it is speculatively intended. We know that acids and alkalies neutralize each other ; but we know very little of the modifying influence which the various ingredients of a medical compound exercise on one another. Any one who has an opportunity of seeing a number of prescriptions, may convince himself of the many mistakes which are committed in writing them. I will mention some of them.

Opium is decomposed by Ammonium, the extractive matter and the narcotin being precipitated.

Salts of copper are decomposed by syrup, and still more certainly by honey.

By adding Prussic acid or even Laurocerasus to Calomel, we convert this substance into the cyanite of mercury, a violent poison which has most probably caused the death of many.

Calomel is frequently given in combination with magnesia, which changes the former substance to the well known *Mercurius cinereus*.

Calomel and the golden sulphuret of antimony in combination, give rise to sulphate of mercury (*Æthiops mineralis*).

The union of tartaric acid and nitre is likewise condemnable, since it gives rise to nitric acid and tartar, the latter being precipitated in the shape of a white salt.

It is as yet very little known that the action of *Nux vomica* and *Chamomilla* is neutralized in a great measure by the simultaneous use of coffee, and that the action of *Belladonna* is increased to an extraordinary degree by vinegar. Chemists will probably account for this fact by stating that acids dissolve the atropin as easily as quinine is dissolved by sulphuric acid, which if added to a decoction of *Cinchona*, increases its effects considerably. Alcohol, however, is likewise an admirable dissolvent of *Strychnine*, and yet spirituous substances and *Nux* are in polaric opposition to one another. Chemistry, in spite of its wonderful advancement in modern times, is unable to account for every thing. *Hahnemann* has recommended small doses of the tincture of *Belladonna* as a preventive against scarlet fever, which has been confirmed by a great many physicians. By others, on the contrary, it has been denied. This will not appear strange, however, if we consider that the dissenting physicians, instead of using the tincture as recommended by *Hahnemann*, have employed the extract of *Belladonna* dissolved in Cinnamon-water. It is difficult to understand why that mixture should have been selected, unless it is to follow the rules of a blind routine which condemns the administration of single, unmixed medicines as want of skill.

If physicians would endeavor to understand the fact, that the powers of remedial agents, are modified by mixing up a number of them, we should have a great many less reports of cures by means of compound prescriptions, leaving it doubtful what remedy effected the cure. Such reports are ridiculous, and yet our journals are constantly teeming with them.

Physicians who are in the habit of using compound medicines, cannot comprehend the efficacy of single medicines, even when administered in very small doses. They can easily convince themselves of the power of those medicines to affect the organism. Every day we use the common table-salt in our food without distinguishing its peculiar properties, and yet a very small portion of that substance, dissolved in pure water, would affect us very sensibly. Facts like these have led *Hahnemann* to the theory of dynamization, or development of power

by the progressive trituration and succussion of the drug. This doctrine will be examined hereafter.

#### SECTION 57.

Hahnemann has pronounced against all compound prescriptions, without, however, rejecting compound substances which are chemically united. By mixing up one drug with another, we modify their characteristic modes of action. Some homœopaths have attempted to mix remedies, but this proceeding has entirely failed. There is no doubt, however, that compound prescriptions might be used with advantage in some cases, provided we had previously ascertained their pathogenetic effects upon the healthy organism.

The method of preparing homœopathic remedies is so peculiar, that it requires a notice in this place.

#### SECTION 58.

*The principal object in the preparation of homœopathic remedies, is to divide and dilute them.*

Dry substances, such as earths, salts, sulphur, metals, animal and vegetable charcoal, lycopodium, and some liquid or half-liquid substances, which are neither soluble in water nor alcohol, such as balsam of copaiva and oil of turpentine, are divided by triturating them with sugar of milk. One grain of the solid, and one drop of the liquid substances, is mixed with ninety-nine grains of sugar of milk, and triturated for one hour in a porcelain mortar with a porcelain pestle. Hahnemann lays down a certain number of minutes which is to be devoted to every stage of the trituration process. This seems to be somewhat pedantic. After one hour's trituration we obtain the first trituration. The second trituration is prepared by triturating one grain of the first trituration with an additional ninety-nine grains of sugar of milk. The third by triturating one grain of the second in a similar manner. Of this third trituration we mix one grain with one hundred drops of alcohol or water, and, by shaking the mixture a number of times, obtain the fourth dilution. Every successive dilution is obtained, by mixing in a similar manner, one drop of the preceding dilution with ninety-nine drops of alcohol.

Hahnemann has laid down the general proposition, that the medicinal powers of drugs are developed by trituration and succussion, and therefore recommends ten strokes of the arm to make the first dilution, and two strokes for each succeeding



one. It has been inferred from this minute indication of the number of strokes that any additional shaking would develop the medicinal powers of a drug to excess. Hahnemann himself has asserted that the 30th dilution or attenuation of Drosera, if prepared with twenty strokes, might prove fatal to a child.\* Pious believers scarcely dared to set down a vial containing medicine, with any force, or carry it about with them in a carriage, lest the shaking should impart to the medicine poisoning powers. All this is mere imagination.

#### SECTION 59.

*It is an undeniable fact that the medicinal virtues of drugs are developed by dividing or breaking up their substance.*

This fact is abundantly confirmed in the case of oyster-shells, earths, metals, and other substances, which either do not affect the organism at all in their crude form, or affect it very differently from what they do when properly divided. This phenomenon is too curious not to inquire into it a little more closely. In triturating and shaking a drug, two things take place :

1. Rapid movement of the particles.
2. Breaking up of the cohesion of the particles.

We know from experience that these two processes, and, in many cases, each of them alone, develop the effects of the imponderabilia, light, heat, electricity, and magnetism. Light and heat are obtained by compressing the air suddenly. Phosphorescence is frequently the result of friction. Friction and sudden compression, as takes place in firing off a percussion gun, cause fulminating oxydes to explode ; in striking steel against flint the spark is obtained by means of friction.

Friction develops the electric property of idioelectric substances, silk, glass, resin, etc.

Iron bars are magnetized by passes. The concussion by a stroke of lightning produces the same result ; another stroke across the line of the magnetic poles, neutralizes the magnetism so produced. *Becquerel* has shown that in splitting a regularly crystallized mineral, which is a non-conductor of electricity, the two surfaces so obtained show an excess of opposite electricities ; that the glass which has been pounded in a mortar of agate, tinges the juice of violets green ; that

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\* These doctrines have been considerably modified by Hahnemann. See his preface to the fifth volume of the *Chronic Diseases*, translated by Charles J. Hempel, M.D.

electricity is set free by rubbing a plate of mountain-crystal with a stopper covered with the deutosulphate of tin.

The fact of powers becoming latent, is a remarkable phenomenon which we are not always able to trace to a principle. This phenomenon likewise occurs in animal nature. Passes in one direction quiet one, or put one to sleep; counter-passes neutralize that effect.

We are not able to show the extent of the influence which the movement of the particles in triturating or shaking a drug has on the development of its medicinal powers. I think, however, that that influence has been overrated. I have become convinced, by repeated experiments, that the first trituration is sufficient to develop the medicinal virtues of a drug, and that the alcoholic dilutions which are prepared from the first trituration, are just as powerful as those which are prepared from the second and third. The great point is to break up the cohesion of the particles.

With but few exceptions we may lay it down as a rule, that the denser substances which it is most difficult to dissolve and to oxydize, earths, gold, silver, and platina, manifest the smallest amount of medicinal power in their natural form. This may likewise be said of vegetable or animal charcoal, which has lost the properties of an organic substance in consequence of the burning. Metals which are more easily oxydized, copper, tin, iron, lead, arsenic, antimony, quicksilver; the combustible substances, phosphorus, sulphur, petroleum; iodine and the organic animal and vegetable substances, which, being products of a higher formative power, have on that account a greater dynamic affinity to the vital forces, are more capable of acting upon the organism in their natural condition. There are also organic substances whose latent powers require to be developed by division; of this number is the lycopodium, which, in spite of the looseness of its particles, requires to be triturated and shaken in order to become an active remedial agent.

Our chemists do not know that platina, gold, silver, silica, and various other substances, can be dissolved in alcohol and water, after having been previously pulverized and mixed with other easily soluble substances. Any one may convince himself of this fact at any time. Three grains of the first trituration of any of those substances, can be dissolved in one hundred drops of distilled water or dilute alcohol so completely, that, after shaking the solution for a time, it becomes perfectly clear; no sediment or turbidity is perceived, even through a microscope, and the medicinal powers of such a solution are

undeniable. This same observation has been abundantly verified with oily and resinous substances, the balsam of copai-va, oil of turpentine, petroleum. Whatever reasons chemists may bring against the solvability of those substances, they are effectually met by practical experiments. Iron, tin, lead, copper, zinc, and other substances, are more or less oxydized during the trituration process by the contact of the atmospheric air; this renders them still more soluble. This is not the case with silica and the so-called noble metals; if these undergo chemical changes during the process of trituration, we are not as yet acquainted with them.

#### SECTION 60.

Hahnemann applies the term "dynamization, or potency," to any attenuation, because, in his opinion, the medicinal powers of a drug are developed by attenuating it. This term applies properly only to the earths, and to metals of difficult oxydization, which contain their curative virtues in a latent state. It is my opinion, that these virtues are completely developed in the first, clear, transparent dilution. Converted into such dilutions, the earths and metals are like other medicinal substances, which possess, in their natural form, the power of deranging the dynamic relations of the organism. Some agents possess this power in an extraordinary degree, compelling even allœopathic physicians to prescribe very small doses, lest the organism should be injured. This circumstance is of itself sufficient to show that the power of a drug is divided in proportion as the drug is attenuated. If that power were increased by the attenuating process, every remedial agent would be converted into a deadly poison.

Hahnemann calls the effect of a highly attenuated drug, "*spiritual-dynamic*." It would seem as if this meant an actual separation of the dynamic power from its material substratum, and a transfer of that power to the attenuating vehicle. Such separations do exist. Warmth escapes from heated substances, and is communicated to others. The electric fluid is transferred from the glass cylinder to the conductor, and from the conductor to the Leyden battery. An iron-bar is rendered magnetic by passing a magnet over it. The moon transmits to our earth the light which it had received from the sun, and there are substances which possess the power of absorbing light and shining in the dark. We are not yet certain, however, whether the basis of imponderabilia is a volatile substance *sui generis*, or whether imponderabilia are properties of substances excited into

action. It is therefore premature to consider the action of highly attenuated drugs analogous to that of the imponderabilia, so much more as we are conscious of a communication of substance in taking an attenuated drug. Such a communication takes place likewise when old people derive strength from sleeping with children.

On the other hand, it would be wrong to consider high attenuations as nothing, because the medicinal substances which they contain do not react chemically. The chemical relations of magnetized iron are the same as those of other iron. The pestiferous miasm which poisons a bale of cotton, and converts it into a carrier of the plague, is no more capable of chemical reaction than an arsenic-atom in the tenth attenuation, which we know to act with decided benefit in the proper place. I say, in the proper place; for high attenuations only act when the nerves are in a proper state to receive their influence. Forces act most intensely, where dynamic oppositions and polaric relations take place. The magnet does not act upon a grain of gold, but it draws a molecule of iron from amidst a heap of gold-dust. The multiplier is not moved by light or warmth, but the feeblest galvanic current is sufficient to set it in motion. The chloride of silver is not altered by an electro-galvanic current, nor by heat; a ray of light, however, blackens it. Sulphuretted hydrogen acts upon the smallest portion of arsenic or sugar of lead contained in a solution. Because nitric acid does not act upon the cyanite of mercury, would we maintain on that account that it does not react at all? Or would we deny the fecundating power of the spawn of frogs, which retains this power even if highly diluted, for no other reason than because other animals are not fecundated by it?

There is no doubt that in some instances the attenuating process has been carried too far. It has been asserted that medicines do still act in the 1500th attenuation.

The effects of such high attenuations seem to me rather imaginary than real. The efficacy of the 30th attenuation of many drugs has been confirmed by too many observations to admit of any doubt. Even the 45th and the 60th attenuations of Belladonna have cured encephalitis in my own practice. I may here observe that by lower attenuations I understand the first, second, third, and that I consider attenuations higher as we progress in the scale of numbers.

#### SECTION 61.

It has been known for a long time, that large doses act differently from small ones. Large doses produce primary

effects more rapidly and more distinctly; the more so, the more heterogeneous the medicinal substance is to the organism. Large portions of a drug excite violent reactions in the reproductive sphere, which do not occur after giving small doses, though they may have sufficient power to act dynamically upon the sensitive sphere.

Hahnemann thinks that the dynamized homœopathic agent acts like a spiritual substance. This term "spiritual" is badly chosen. By a spiritual thing, we understand something immaterial, something purely psychical. The homœopathic agent is something material, though it may be ever so little. The action of a homœopathic agent has been compared to that of a miasm. This cannot be considered objectionable. Miasmata are substances, no matter whether their existence can be proved or not. The atom of pest-miasm, which is detached from the clothes of the patient by merely touching them, and infects a healthy person with that disease, cannot possibly pass at once into the circulation, and poison the whole volume of the blood. The blood is indeed altered, but not primarily. The alteration proceeds secondarily from the sensitive sphere by which the dynamic disturbance is first perceived. *Schurrer*, who is a well known opponent of the specific school, says in his "Theory and Practice of Medicine," that medicines act most powerfully when given in small doses. In this case, their direct action upon the intestinal canal is very inconsiderable; they effect the *secundæ viæ* of the organism, the blood for instance, where they become latent, and give rise to changes which resemble a reproductive process. This reminds us involuntarily of the phenomenon discovered by Berzelius, and known in English books on chemistry, by the term "action of presence;" by virtue of this law ("catalysis" or catalytic action) certain substances occasion, by their mere presence, changes in other substances without being themselves changed, or without being intimately combined with the latter. According to *Runge's* discovery, lead delays the solution of other metals, and particularly of zinc, in sulphuric acid, without being itself altered. *Dreyer* remarks that the affinities of inorganic chemistry have no effect in animal chemistry. The kidneys secrete the urine from the blood without the intervention of a reagent. Inorganic chemistry acts by substituting one element for another. This is quite different in organic chemistry. The decompositions are effected by means of the peculiar arrangement of the organic tissues, or by the mere *presence* of an inherent substance which remains unaltered itself. The principle of catalytic action is still very obscure; but there

can be no doubt that the atom of a contagium and the 30th potency of a grain of arsenic do not act analogously to a chemical reagent, and that their influence is first perceived by the sensitive sphere, whence it gradually invades the whole organism.

#### SECTION 62.

*It is important that the quality of our remedies should not be subject to changes.*

The medicaments from our pharmacies frequently show great differences, and therefore act differently. A slight omission in the preparation of a remedy frequently changes it to something entirely different from what it was intended to be. Of great importance is the temperature of the water used for infusions, the length of time employed for the preparation of a decoction, or for the evaporation and inspissation of an extract, the nature of a glass stopper, which, if it does not fit tightly, allows volatile substances to evaporate, and does not prevent the injurious access of the atmospheric air. Hence so many complaints about the uncertain effects of remedies. Hahnemann has proposed a very simple proceeding to remedy those defects. He tells us that remedies prepared according to his rule, will keep for years without undergoing any change. Even a powder moistened with the 30th potency of Phosphorus is supposed by Hahnemann to remain unchanged for years. This seems in the highest degree improbable and contrary to the laws of nature. It is inconceivable that we should have it in our power to separate a property from its substance, and to communicate that property to some other substance, without it being in any degree altered by the nature of the latter. Reason tells us that power and substance modify each other, and we know from experience that the transformation of a substance occasions a modification of its virtues. The life of nature consists in a perpetual alteration and transformation of substances and powers, which can only be arrested under certain circumstances, for instance, by keeping a thing in a hermetically sealed bottle. Otherwise every thing changes, either by its own nature, without any other apparent cause, or by the disturbing influence of some foreign agent.

It is the duty of the pharmacist to furnish remedial agents in as pure a condition as possible. He ought therefore to know what influences are hurtful to them in order that he may be able to afford them the necessary protection. This seems to have been overlooked by Hahnemann and by some

authors of homœopathic pharmacopœias. Nevertheless a considerable number of our remedies are liable to great changes. Many of them are by no means what they are supposed to be. The *Calcareo carbonica* which we prepare from oyster-shells, is by no means pure lime, but contains phosphoric acid. Having been used in the provings upon the healthy body, it would be wrong to substitute in its place pure lime, the effects of which would be somewhat different from the above named preparation.

I will state a few facts to show how necessary it is that our remedies should be prepared with more care than seems to be deemed necessary by the pharmacutists of our school.

*Metals* from different mines are alloyed with various substances, which require to be carefully separated lest the metals should not exhibit the same effects.

The gold and silver used by binders are pure substances, which, if triturated with sugar of milk, will always furnish the same preparations.

It is more difficult to obtain *Platina* pure. It can be obtained, however, by boiling the chloride of platina with alcohol, the pure metal being precipitated during the process of ebullition. It is perfectly proper for use after it has been washed a number of times with distilled water.

The pulverization of *Zinc* is a difficult thing. It is laid down as a rule to rub zinc under water on a fine stone, and to collect and dry the powder which falls to the bottom of the vessel. This powder is mingled with impurities from the stone. It is much better to use a fine English file in pulverizing zinc; I have convinced myself that the zinc thus prepared remains entirely unmixed. At any rate, a magnet dipped into the powder does not attract a single particle. The zinc thus pulverized can be triturated with sugar of milk ever so finely, and may afterwards be dissolved in water. *Stannum* is generally mixed with Arsenic, from which it is separated with difficulty. The most certain way to accomplish this is to triturate tin-foil with the nitrate of potash into a fine powder and to detonize the latter. In doing this arseniuretted potash is formed, which is removed by frequent washing. The remaining substance is heated in a crucible, and the pure metal *Stannum* remains behind.

Pure *Lead* is obtained by heating and shaking the acetate of lead in a glass retort, the pure metal being precipitated during the shaking.

*Copper* is obtained pure with great ease. The acetate of copper is to be heated and a stream of hydrogen passed upon it.

Pure *Iron* may be obtained from the substance known as *Crocus Martis aperitivus*, which is to be freed from copper by passing a stream of hydrogen upon it. That preparation is so susceptible of oxydation that it burns spontaneously unless at once put up in a well-stopped flask.

*Mercurius solubilis* is an extremely uncertain preparation, and is never the same, wheresoever and howsoever it may have been prepared.

*Corrosive sublimate* is changed to *calomel* when triturated with organic substances. The triturations are condemnable, and no preparations of that substance ought to be used except the dilutions with distilled water.

*Iodine* undergoes essential alterations by mixing it with alcohol or by triturating it with sugar of milk, and therefore ought to be diluted with water. Water, however, dissolves only a small portion of Iodine. A thousand drops of the most carefully prepared solution of Iodine in water contain only one grain of this substance.

*Hepar sulphuris* is easily decomposed by attracting oxygen from the atmospheric air, and gradually changes to the sulphate of potash.

*Hepar sulphuris calc.* is likewise a very sensitive substance. An alcoholic solution of that substance in small glass flasks with narrow necks and hermetically sealed, keeps a long time. The *Spiritus nitrico-aethereus* has to be preserved in the same way.

*Phosphorus* is a very changeable substance. If triturated with sugar of milk, it changes to phosphoric acid in a very few hours. Phosphorus keeps longest in a solution with sweet oil. I employ a solution of phosphorus in ether, kept in a retort the neck of which is closed by melting; I prepare the attenuations at the time when I wish to use them.

*Mineral acids* ought to be attenuated with distilled water, not with alcohol.

*Sulphuric acid* with alcohol changes to *Acidum sulphuricum vinosum*.

Nitric acid with alcohol to *Æther nitricum*.

Muriatic acid with alcohol to light *Æther muriaticum*.

Phosphoric acid is readily changed to *Acidum phosphoricum vinosum* by an admixture with alcohol.

In triturating medicinal substances in porcelain mortars particles of the latter are rubbed off. This is of no importance, however, since our provings have been instituted with the substances so prepared. *Messerschmidt* proposes to make the triturations in vessels made of sugar of milk.



By adopting this ingenious proceeding, all admixture of heterogeneous particles would be avoided.

Distilled water from the shops cannot be relied upon, because every kind of distilled water is prepared in the same apparatus. A physician who wants to be sure of having his medicines pure, ought to distil the water he uses, in his own private retort, and ought likewise to distil his own alcohol. He will be sufficiently rewarded for his trouble, by the consciousness of having reliable preparations. As regards sugar of milk, it is a matter of course that none but purified sugar should be used.

On the other hand, we can be too fastidious in preparing our medicines. Hahnemann advises to use a particular vial for every attenuation. If the vials be properly washed, boiled, wiped with a sponge attached to a whalebone, then washed again and heated in a stove, they are perfectly clean, and may be used for other attenuations.

The paper which is used for the powders, should be free from chlorine, and should not smell of bad glue.

As regards the pellets used by Hahnemann, a good deal has been said for and against them. They are the little grains made by confectioners of sugar and tragacanth. Having been moistened with the medicine, they are put up in vials. Our pocket-cases generally contain such pellets. Pellets moistened with the attenuations of earths, metals, potash, Natrum, various salts and vegetables, keep for a number of years. Volatile substances, camphor, ammonium, turpentine, musk, are less durable. Pellets moistened with such substances, have to be saturated over again repeatedly, particularly in summer. If these precautions be observed, the pellets are extremely convenient in our daily practice. I do not count them very anxiously, and sometimes give 20 or 30, nor do I use them exclusively, but employ tinctures and higher and lower potencies as the case may require. It makes no great difference in what form medicines are given, provided they are mixed with a vehicle which will interfere as little as possible with the nature of the remedy. If the medicine is to be used repeatedly at short intervals, it is best to give it in water.

### SECTION 63.

*The proving of drugs upon the healthy is of the utmost importance.*

Almost all we know of the effects of drugs upon the healthy, is derived from cases of poisoning. Hahnemann has shown that it is of the utmost importance, in the specific method of healing, to know those effects with the utmost accuracy. To

obtain that knowledge, the proving has to be conducted according to certain rules.

#### SECTION 64.

*1. The provings have to be frequently repeated.*

Empirical truths, to which the results of our provings belong, only become valuable by confirmation. It would be an egregious mistake, to consider every abnormal sensation which is experienced after taking the drug, a result of its action. Morbid sensations of little consequence, are felt constantly without any apparent provocation. Many of them have probably been incorporated in our *Materia Medica*. Hence the necessity of repeated provings; in this way we shall finally succeed in separating the essential from the accidental symptoms.

#### SECTION 65.

*2. The provings must be instituted on males and females.*

Unless persons of both sexes are subjected to the proving of drugs, we cannot become acquainted with the specific relations of drugs to the sexual apparatus.

#### SECTION 66.

*3. The provings must be instituted on persons of different ages.*

It is scarcely necessary to mention reasons. *Cantharides* and *Agnus castus* do not act upon an old man as they do upon the young, and *Sabina* affects a fully developed woman differently from a child.

#### SECTION 67.

*4. It is advisable to observe the temperaments and dispositions of the provers.*

We know that many drugs will produce different results, in persons of different temperaments. It would be desirable if every medicine were proved with reference to temperament, or peculiar habits of the constitution. Some persons are affected with a headache, when their health is disturbed ever so little. Others are inclined to colic, diarrhoea, catarrh, etc. Such peculiar dispositions must necessarily affect the action of the drugs upon the prover.

## SECTION 68.

*The effects of drugs have to be observed in all possible conditions and circumstances.*

We know that, under certain circumstances, the action of the drugs is increased, diminished, or neutralized. A glass of wine, which perhaps would not affect a man if he sat down quietly after drinking it, might intoxicate him, if he were to ride out in the open air. An indigestion might often be prevented by taking some pleasant exercise after a meal, instead of sitting down to serious study. It is the same with the effects of drugs. Some drugs act better in the morning, others in the afternoon, evening, or at night; some drugs show their effects better during rest, others during motion, some in the open air, others in a closed room, some in cold, others in warm weather. These things have to be observed with care, but without pedantry. If we read, toothache while playing on the violin, we are not to infer that the music excited it, but that it arose from the increased rush of the blood towards the affected part, in consequence of the upward motion of the arm. It would be desirable if the same drug were taken by a sufficient number of provers, at different hours of the day, to enable us to observe the effects it would exhibit at different periods, and in different conditions of the mind and temper. The absence of the effects which a fright, chagrin, cold, etc., usually occasion in a person, may likewise afford an important therapeutic indication.

## SECTION 69.

*Provers of drugs must enjoy good health at the time of proving.*

Both the body and the mind of a prover must be in a sound condition. Provers must not possess an inordinate imagination, lest trifling symptoms should be construed into important physiological effects.

## SECTION 70.

*The action of the drug must be as little as possible disturbed by heterogeneous influences.*

Provers must subject themselves to a rigorous diet, avoid coffee, tea, spirits, spices, asparagus, celery, parsley, onion, garlick, radishes, old cheese, acids, mineral waters, the use of

tobacco in any shape, violent exertions and emotions, and they must always live in a pure air. Persons accustomed to stimulants of any kind, are unfit for the business of proving.

#### SECTION 71.

*Drugs must be taken in sufficiently large doses to make their primary effects distinctly perceptible.*

Human life should, of course, not be hazarded in proving. The portions of the drug to be proved must be large enough, however, to induce the greatest possible variety of symptoms of reaction in the organism. High potencies are unfit for purposes of proving. If they develop symptoms, it is owing to some peculiar idiosyncrasy from which no general rule can be deduced.

#### SECTION 72.

*To have a perfect knowledge of the effects of drugs, we must be acquainted with the dynamic alteration produced by them in the organism.*

The provings instituted by Hahnemann and some of his disciples, are mere records of symptoms. Good and bad are mixed up in those records. The symptoms recorded in the *Materia Medica Pura*, furnish admirable delineations of the action of drugs, but there are many symptoms which are evidently accidental, such as itching of the lobule of the ear, yawning after dinner, going to sleep of a foot, etc. Such and similar phenomena are entirely valueless unless they should be experienced by a number of provers. In a second proving of the drug those symptoms do not appear, but other equally insignificant symptoms occur in the place of the former. They may sometimes result from the action of the drug, as sympathetic effects, but, in any case, ought to be carefully separated from the *positive effects* of the drug, which are observed in all or most of the provers. The positive effects will enable us, by means of physiology and pathology, to understand the character of the dynamic condition occasioned by the drug.

#### SECTION 73.

*The order in which the symptoms make their appearance, should be particularly noticed.*

It is important to know what are primary, sympathetic and counter-effects. The primary effects are the more permanent,

the sympathetic effects are less frequent, depending upon individual conditions. Counter-effects proceed from the organism, and neutralize the former. The primary effect of Rhubarb is diarrhœa; if this be attended with constriction of the chest, this latter symptom would be sympathetic, depending upon the sensibility of the par vagum and the sympathetic nerve, which is not the same in every individual. The costiveness succeeding the diarrhœa, is a counter-effect.

#### SECTION 74.

*It is equally important to observe the effects which medicines have on particular organs.*

Those effects can only be studied by attentive observation. We know from experience that Camphor acts upon the brain, Nux vomica on the ganglionic system, Ipecacuanha on the stomach, Jalappa on the intestinal canal, Mercury on the glands, Digitalis on the heart and the urinary organs, etc. Other drugs seem to act upon a particular system, the subsequent local affections depending upon the sensibility of the affected parts, which differs in different individuals. Alcohol increases the activity of the arterial system, and the hæmorrhages which it occasions, depend upon the accidental condition of the bleeding organ. Sabina is distinguished for its specific action on the uterus. Since we have to act specifically upon the affected organ, it is of course indispensable that we should be acquainted with the particular effects of drugs upon particular organs.

#### SECTION 75.

*It is of importance to investigate the mode in which medicines act dynamically.*

This is a very difficult point, which the founder of our art has omitted to investigate. Reason, however, is not content with a merely mechanical exhibition of our remedies. Though we cannot explain every thing, is it therefore improper that we should endeavor to perfect our understanding?

It is not sufficient to know that a drug affects a particular organ or system. We require to know how the parts are affected dynamically. This is accomplished by means of the understanding with which we embrace the totality of the symptoms, and by means of the reason with which we endeavor to perceive the natural and therefore necessary internal

connection of the symptoms. The idea of sensibility, irritability, and reproduction, is founded in reason. Although these three directions of the vital power are no material manifestations, yet their conception by means of the reason is just as natural as the idea of gravitation and centripetal force, upon which our reason founds the construction of our solar system. Experience has pointed out those three divisions of the vital force, and it is assuredly no idle speculation to suppose that all the varied manifestations of vitality depend upon those three properties of the vital principle. Sensibility, irritability, and reproduction, are so intimately united that it is very difficult to trace a precise line of demarcation between their respective functions. Many of these functions, however, belong evidently to one or the other of those three spheres. In studying them separately our attention will necessarily be directed to the disturbances which occur in either of those spheres, and to the causes which occasion the disturbances. Inasmuch as drugs belong to those causes, it behooves us to distinguish the effects of drugs in the respective orders or spheres of the vital force. This will, of course, lead us to analyze the physiological action of drugs upon particular organs. By such means we have obtained the outlines for the science of pharmacodynamics. Although it is as yet very incomplete, yet, by carefully continuing our provings, the science will be enlarged for the benefit of the healing art.

#### SECTION 76.

We do not yet possess a true science of pharmacodynamics, viz, a systematic arrangement of specific remedies, together with an indication of their specific virtues.

All we possess, are fragmentary indications of the dynamic action of drugs, and the physician who desires to practise as a rational being, has to disentangle the chaos of the symptoms, to separate essential and constant from accidental effects, and to obtain a clear perception of the dynamic action of a drug, by means of combination and reflection. This result can be accomplished, in so far as it is possible in the present imperfect state of our knowledge, by proceeding systematically according to certain rules, which it may not be inexpedient to note in this place.

#### SECTION 77.

To obtain a certainty in regard to the effects of drugs, we have to observe the following rules.

1. The symptoms which have been observed on the dif-

ferent provers, have to be compared with one another, those which recur in the statement of every prover, are of course to be considered *positive* effects of the drug.

2. The order in which the symptoms succeed each other has to be carefully observed, and we have to determine by comparison, what constant symptoms recur in one and the same order.

3. These constant symptoms have to be studied physiologically, with a view of ascertaining whether the sensible, irritable, or reproductive sphere is principally affected.

4. The symptoms which indicate a particular relation of the drug to particular organs, have to be distinguished more particularly.

5. The symptoms which recur more frequently, have to be distinguished from those which only appear occasionally.

6. Lastly, we have to note the symptoms indicating a general invasion of the organism.

By observing these rules, we shall not find it difficult to determine the true essential effects of drugs, and to explain physiologically the morbid processes which the drugs occasion in the organism.

*Aconite*, for instance, increases primarily the action of the arteries, and of the fibrous tissues, occasioning, on account of this exclusive action upon the arterial circulation, a relative passivity in the venous system, with consequent congestions characterized by inflammatory phenomena.

*Belladonna* produces similar phenomena, with this difference, that it does not affect the arterial circulation directly, but indirectly by means of an increased action of the central points of the nervous system, with increased expansion from within outwards, occasioning inflammatory phenomena in the peripheral system.

*Bryonia* excites the peripheral system of nerves and capillaries, occasioning phenomena partly of an inflammatory, partly nervous character.

*Nux vomica* excites primarily the contractive pole of the ganglionic system, occasioning congestions, and plethoric phenomena in the respective organs, with increased sensibility of the cerebral and peripheral system of nerves.

*Pulsatilla* has a specific action on the digestive organs, occasioning moreover an increased sensitiveness of the peripheral system of nerves, attended with an increase of venous action.

*Digitalis* diminishes the beats of the heart, and stimulates, upon a principle of antagonism, the secretive functions of the kidneys. These few indications may suffice. Careful

observers will perceive that drugs produce opposite effects in organs which are in polaric opposition to each other; though it may be difficult to account for the particular, or rather specific mode in which those organs are acted upon. We do not know why *Belladonna* occasions smooth eruptions, *Aconite* a sort of rash, *Rhus* vesicles filled with lymph, *Dulcamara* suppurating and scurfy eruptions, or why *Aconite*, *Belladonna*, and *Nux* affect moreover the inner parts of the throat. Inasmuch as every phenomenon in nature is the result of fixed laws, we cannot suppose that drugs act arbitrarily, but we must admit that the phenomena which we observe in our provings, are reactions resulting necessarily from the mode in which the organism was originally affected by the drug. Our physiological knowledge, however, is as yet too imperfect, to enable us to understand the rational connection of the effects of drugs. For the present we have to content ourselves with an empirical knowledge of the cardinal effects of drugs upon the organism; we know from experience that Iodine affects the glands, Cantharides the uropoetic system, *Agnus castes* the sexual organs, *Petroselinum* and *Cannabus* the mucous membrane of the urethra, *Rhododendron* the synovial membranes and aponeuroses, *Stramonium*, and *Aurum* the mind, etc., and we know moreover by our provings, that those drugs affect the parts upon which they act, in a definite manner.

I cannot pretend to say whether, at some future time, we shall be able to classify our drugs, with reference to their dynamic character. To accomplish this it will, in the first place, be of paramount importance, to make our provings as complete as possible; it is only upon a most complete and accurate knowledge, of the effects of drugs upon the healthy organism, that a true system of physiologico-pathological pharmacodynamics can be constructed.

#### SECTION 78.

If we are well acquainted with the primary effects of drugs upon the healthy, we are able to determine the range and nature of their curative powers. Before Hahnemann had ever treated a cholera-patient, he recommended Camphor as a specific remedy for that disease, simply upon the ground of similarity between the pathogenetic effects of Camphor in the healthy organism, and the symptoms which were related as characteristic of the cholera. *Hufeland* asks in the 11th of his journal, 1830, whether Arsenic might not prove a



homœopathic remedy for Cholera? This question was founded upon his knowledge of the primary effects of Arsenic. Arsenic has indeed proved a specific for cholera; many owe the preservation of their lives to Arsenic.

#### SECTION 79.

*The object of treatment is to completely remove the disease.*

It is frequently impossible to attain this result. Among the obstacles which baffle the efforts of art, the following deserve particular notice.

1. Organic malformations, giving rise to pains and irregularity of certain functions. Headache, arising from an exostosis in the cranium; epilepsy, from tubercles in the brain; arrest of the circulation, from a polypus in the heart; cardialgia and vomiting, arising from a fully developed cancer of the stomach, are incurable affections.

2. Exhaustion of the vital forces by age, excessive exertions, loss of animal fluids, or intense pain.

3. Prostration of the vital forces which are too feeble to react against the morbid agent; under this head belong those cases of typhus perniciosus, plague, cholera, etc., which destroy life in half an hour, poisoning by certain kinds of animal or other poisons, etc.

4. Continued action of hurtful influences which finally overwhelm the vital power; for instance, grief from unfortunate love; home-sickness in exile; remorse, or unavoidable exposure to an unfavorable climate, etc. Wherever such causes do not oppose the treatment, it ought to be directed against the disease, as an individual case, taking into consideration both the external and internal character of the disease.

It has been said that the homœopathic treatment removes only the symptoms, but not the disease. This accusation is unfounded. Besides, if such a thing were possible, the symptoms and the disease must be two different things. Symptoms are the reflex of some abnormal internal condition, without which there can be no symptoms; these disappear only after the former has ceased to exist. It is highly condemnable, however, to direct our treatment against the proximate cause or internal disease, of which the symptoms are the perceptible manifestations, and, at the same time, against certain symptoms in particular. This is especially objectionable if remedies are employed which do not correspond to the general dynamic condition of the sick organism. Such a remedy is, for

instance, Opium when administered for diarrhæa, or a particular pain as subordinate symptoms. Large doses of the drug, if frequently repeated, may destroy the sensitive sphere.

#### SECTION 80.

*The first general therapeutic rule is, REMOVE ALL MORBIFIC INFLUENCES.*

This rule is recognized by every school in Medicine, except that it is more or less comprehensively applied in practice. Many diseases disappear simply by removing the morbid influence. A complete enumeration of all known morbid influences, would extend this work to an unnecessary length. At his first visit, the physician will seldom be able to point out all the injurious influences which threaten the patient's life. Some of them are of a spiritual nature, and can only be communicated to a physician who enjoys the full confidence of the family. A comforting word, a sympathetic look, a good advice, a friendly interposition in case of a dispute, are sometimes of more avail than medicine. Among poor patients, a little present, a load of wood, or some provisions for the winter, are sometimes the most useful means for the restoration of health. Some time ago I treated a man, who, for some trespass or other, had been sent to prison, and had become insane in consequence of having lost his honor. I do not believe that I should ever have succeeded in curing that patient, if I had not prevailed on the Judge, and on other persons whose good opinion was dear to the patient, to converse with him kindly, and to show him by their actions that he had not lost their good opinion. In many cases it may be sufficient, for the restoration of health, to sleep in another room, to do without some hurtful article of toilet, to abandon some bad habit, such as smoking or chewing; devouring one's meal in too great a hurry, stooping too much when writing, etc. *Tranzel* treated a case of obstinate headache, which disappeared after a cherry-stone had been removed from the ear. I have treated a boy of 14 years, for a violent and obstinate headache, which came on in paroxysms every morning. The boy was in the habit of washing his head with cold water immediately after rising from bed in the morning. I directed him to let an interval of 15 minutes elapse between the rising and washing; this simple precautionary measure was sufficient to cure the headache entirely. Some years ago I treated a farmer, who was every morning attacked with vomiting and retching, and had a very bad taste in his mouth. He did not drink, but was a great

smoker. After an ineffectual treatment of some weeks, I discovered that he smoked out of a wooden pipe, with a copper cover and very short stem. The pipe, which was penetrated with the acetate of copper, smelled horribly. By my directions he substituted a porcelain pipe for it, with a long stem, and got well in eight days. Many a rheumatic lady does not get well of her rheumatism, because she does not want to give up her favorite seat near the window, where she is constantly exposed to a fine current of air, through a scarcely perceptible aperture. I might add a number of similar observations, but the few which I have offered will suffice to show the necessity of making such inquiries as have been alluded to above.

#### SECTION 81.

*Internal morbid influences ought likewise to be removed.*

By such influences I understand all those hurtful substances in the body which have been introduced from without, or have originated in the interior of the body. The founder of the specific method has acknowledged the necessity of removing poisonous agents by means of an emetic, but he denies that any such necessity exists in overloading the stomach, because then the organism endeavors to relieve itself by spontaneous vomiting. If the effort to vomit be ineffectual, Hahnemann advises to tickle the palate with a feather, in order to facilitate the vomiting, and to take a cup of black coffee, which will secure the discharge by the bowels of the remaining contents of the stomach. Generally, however, he thinks that, even in case the stomach should be overloaded, a dynamic disturbance of the stomach is the cause of the indigestion, and that this can be cured by simply administering a remedy which is homœopathic to the abnormal state of the stomach.

All this is, for the most part, true. Many cases of indigestion, characterized by coated tongue, fetid smell from the mouth, offensive eructations, painful nausea and ineffectual urging, have been cured, as by magic, by simply restoring the tone of the stomach by means of a specific remedy. I have seen such results in my own practice too often not to rebuke, with just indignation, certain presumptuous opponents of homœopathy, for the insolent boldness with which they declare every thing that has been said in favor of homœopathy, a piece of falsehood and deception. After rapidly curing such an indigestion, I have frequently been asked what had become of the impurities which had given the patient so much trouble a little while ago. It is likewise true that coffee has an excellent

effect in slowness of digestion and interruption of the regular evacuations from the bowels; but that action is not homœopathic, it is enanthiopathic, in accordance with the principle, *contraria contrariis*. I mention this by way of advice to those who condemn every kind of antipathic treatment without rhyme or reason.

The proposition to tickle the palate with a feather in case of ineffectual urging to vomit, will find little favor. For my own part, I reject it entirely; such a mechanical irritation is much too violent, and has, to my knowledge, resulted, in some cases, in a painful and difficult vomiting of bloody mucus. The irritation of the stomach, which is induced by the feather, is one proceeding from the nerves of the pharynx, and is considerably diminished on its passage to the stomach, on which account vomiting is frequently prevented in spite of the irritation arising from the tickling, by a violent, antiperistaltic motion of the œsophagus. I do not see why a safe emetic should not be administered under those circumstances. If any thing nauseating or indigestible have been introduced into the stomach, the shortest and simplest way to relieve the stomach is to take an emetic. In many cases it is sufficient to take a few glasses of tepid water in which a little fresh butter has been dissolved. If this have no effect, a few doses of Ipecac at intervals of from ten to fifteen minutes, succeeded by a few cups of tepid water, will certainly produce the desired result. A cup of black coffee taken a few hours after will restore the tone of the stomach to its former vigor. I have elsewhere related a case of obstinate cardialgia, which was finally cured by an emetic. A piece of tough sward was thrown up, which had caused all the trouble, and had been swallowed several years previous. This is not homœopathic treatment, nor is it opposed to it. The treatment, in that case, was based upon the universally recognized and universally valid principle, *Tolle causam*. If we keep that principle in view, we shall not be tempted to abuse emetics, and to employ them for the removal of so-called crudities, arising from weak digestion. In all such cases emetics are of no avail. Even if tenacious substances be thrown up, the relief is of short duration, inasmuch as the pretended crudities are soon present again. Nor can coryza be cured by blowing the nose, or a catarrh by expectorating; the cure must be effected by moderating the excessive secretion of mucus. Hence it is that mucous fevers are never cured by cathartics, but by specific remedies which restore the depressed vital action of the mucous membranes.

If the stomach be surcharged with bile, ought the bile to

be removed? Most certainly, but not by emetics. *Dæmling*, *Van Hoven*, and particularly *Reil*, have refuted the notion that fevers are caused by an effusion of bile. It has been observed that the patients threw up a sour, acrid, corrosive bile, and from this fact it has been inferred that artificial evacuations are required, in order not only to free the stomach from its chemically destructive contents, but to prevent their absorption in the intestinal canal, and a consequent general corruption of the humors. The abnormal condition of the bile arises from an abnormal state of the secretory functions of the liver; as long as these functions remain disturbed, the bilious phenomena will likewise continue. Moreover, the inherent vitality of the stomach is the best preventive against the chemical effects of the bile. *Reil* confesses that he has cured many cases of disease without cathartics, where he had used them formerly. The success of the treatment in such cases depends upon the fact that the dynamic disturbance had been removed.

#### SECTION 82.

The same remarks apply to *infarctions of the intestines*. Remedies, whose primary action is derivative, generally afford rapid relief; but then the opposite state sets in, and the bowels again become costive. I will not deny, however, that there are cases where a cathartic has to be used, even if a recurrence of the costiveness should have to be apprehended. Two years ago I treated a man who had been suffering for five days with constipation, excessive distention of the abdomen, pain, and increased anguish of death. Several homœopathic remedies were tried without effect, and the anguish went on increasing. I then directed the patient to take an ounce of *Oleum Ricini* in two doses within six hours; this procured an enormous evacuation with several hundred cherry-stones, which would most probably have remained in the bowels, if I had continued the use of homœopathic remedies. The patient was perfectly well on the day following. Similar cases may occur again. I have cured numberless cases of obstinate constipation with small doses of Opium, Sulphur, *Nux vomica*, *Veratrum*, *Alumina*, and other remedies, with and without the use of injections of water. On the other hand I have had cases where those remedies were of no avail, where meteorism, pain and anguish became excessive, and where it was absolutely necessary to use other means in order to remove the danger of enteritis. In such cases I have likewise seen admirable effects from the oil of *Ricinus*, which, by lubricating the interior of

the bowels, facilitates the discharge of excrements of stony hardness. The remaining disposition to obstructions of the intestinal canal is most certainly removed by specific remedies. I am willing to admit that the time will come when we shall be able to treat all such cases by specific remedies ; but, until such remedies are known, we must use the means in our power to the best of our ability.

*Worms in the intestinal canal* are frequently looked upon as morbid causes, though in reality they are the product of some abnormal condition. There is a kind of true helminthiasis where innumerable quantities of worms are formed in the intestinal canal, together with their nests, viz., accumulations of mucus. Atrophied children, with enlarged bellies, are most commonly subject to that disease. It is the consequence, not the cause of the atrophy, and it is extremely probable that the worms do not live on the chyme, but on mucus, and that they are therefore less injurious to the organism than has been supposed. It is not true that worms can corrode the bowels. They are not provided with organs necessary to that process. The perforations which have been discovered, were in consequence of softening, of a depression of vital action. It is true, however, that worms may occasion many disagreeable symptoms, particularly if they get into the stomach or œsophagus. Cathartics do not cure the disease ; they simply remove part of its product. I do not feel disposed, however, to pronounce an unqualified condemnation on the method of first removing the worms and then strengthening the vitality of the intestinal canal. This can sometimes be done without injury, if the patients be not too feeble. Years of experience, however, have convinced me, that worm-affections can be cured in the safest manner and shortest time, by acting upon the intestinal canal with specific remedies, in conjunction with a rigorous, appropriate diet. It is a remarkable fact, that under the operation of specific remedies the worm-symptoms gradually disappear, and that, if worms be present, these likewise ultimately make their exit. Would that this fact were believed by those who derive all gastric symptoms from worms ; who first use cathartics to expel those pretended parasites, and, if no worms be passed, debilitate the poor patients by the whole catalogue of drastic medicines. More men have undoubtedly been ruined by the so-called heroic treatment for tænia than have been freed from it. It is unfortunately too little known that the troublesome symptoms which indicate the presence of tænia, can be removed without the use of drastic medicines.

## SECTION 83.

There are other material noxæ, which, although they are products of disease, yet have to be removed from the organism which is disturbed by their presence. I will only mention closed abscesses, which have to be opened lest they should create and maintain pain and fever; accumulations of water in cavities, the pressure of which has a paralyzing effect, and impedes the progress of the general treatment; extravasations of blood in cavities or in the cellular tissue, which might be productive of evil consequences if a slow process of absorption were relied upon for their removal; remaining portions of the placenta, stones in the bladder, and other concretions. Sir *Astley Cooper* has cured a man who was without consciousness for thirteen months, by removing a piece of bone which pressed upon the brain.

## SECTION 84.

The second therapeutic rule is: Remove the abnormal dynamic conditions.

Disease results from some dynamic irregularity, which has to be neutralized by a counteracting influence. If there be too much expansion, we wish to induce contraction; we endeavor to diminish an excess of sensibility or irritability; in a case of hypertrophy we endeavor to depress the reproductive action, etc. The object of treatment with the partisans of every school and system, is to neutralize a morbid action by establishing a contrary influence. They simply differ in regard to the best mode of accomplishing the intended result. What has been said in former paragraphs of *primary* and *secondary action*, of *reaction* and *counteraction*, is likewise applicable to the operations of medicine. Primary and secondary action refers to the medicine, reaction and counteraction to the organism. Primary effects have ever been more imposing to superficial observers; the principle "*contraria contrariis sananda*" has been adopted by them as the chief maxim of treatment. We know from experience, that—

1. The organism must be sufficiently excited for the primary reaction to overcome the morbid cause; and that

2. It is necessary to insure a sufficient duration to the primary reaction, to prevent the secondary action, which is in opposition to the therapeutic end. To effect such a purpose, large doses had to be frequently repeated.

These rules have been followed for three thousand years,

sometimes with great success. This must be admitted. On the other hand, it ought to be admitted by the most zealous advocates of the Galenian method of cure, that many of the most distinguished and learned physicians of the Old School have complained of the uncertainties of the ordinary treatment, and have expressed a desire to see the healing art constructed upon a safer basis. I will here briefly allude to the causes which make the Galenian treatment of disease unsafe and even dangerous.

1. The difficulty of discovering, in every case, the proximate cause of the disease; this difficulty cannot be denied by any body.

2. The impossibility to determine, in every case, what opposite will restore the equilibrium.

3. The necessity to employ, in every case, powerful doses of the drug, which may result in many injurious consequences, viz.:

- (a) Positive injuries inflicted upon the patient by an improperly selected drug.

- (b) Too powerful reaction of the organism, which may not only destroy the temporary good resulting from the action of a properly selected medicine, but may even aggravate the disease. Hence it is that a number of patients have to continue the use of medicine uninterruptedly, lest the primary action should cease, and have to take the medicine in increasing doses on account of the irritability of the organism diminishing in proportion as it gets used to the action of the drug.

- (c) Disagreeable concomitant effects of a number of powerful drugs, complicating the disease and embarrassing the physician's mind by artificial symptoms. Medicines have to be counteracted by medicines; a warfare has to be instituted against one's own weapons.

The insufficiency of the method "*per contraria*," required the addition of *adjuvantia*, to act upon single dangerous symptoms; and of *derivantia*, the object of which is to transfer the affection from higher to lower organs. If, under the combined fire of these batteries, life become extinct together with the disease, nothing is left us except the poor consolation that a number of strong medicines have been used in the treatment of the case. A number of the pernicious effects of drugs have been mentioned in previous paragraphs. A few more instances of murderous treatment may be added in this place. For a slight attack of traumatic tetanus, *Dehane* ordered a decoction of half a pound of Peruvian bark with one hundred drops of the tincture of Opium, to be taken an ounce every two hours,



together with one drachm of Quinine and the same quantity of the carbonate of Ammonia; and, upon the symptoms becoming more alarming, he prescribed in the course of a day one pound of the carbonate of iron with theriacum, frictions of opium on the extremities, and Oleum Ricini to keep the bowels open. In a case of chorea, *Hutchinson* prescribed six grains of calomel every three hours, and the same quantity of the extract of Colocynth; afterwards six drachms of the carbonate of iron every four hours; then an ounce of the same drug every three hours, together with one-eighth of a grain of Morphia with the essence of turpentine. From the 2d of July to the 12th of August, eleven pounds and seven ounces of iron were consumed by that patient. In the case of a man who was suffering with ophthalmia, and had been treated with large doses of tartar emetic, *Stokes* observed, it is true, a diminution of the respiratory difficulties: but, on the other hand, vomiting and singultus set in, which continued until death. On instituting a post-mortem examination, the cardia was found inflamed. *Berndt* saw symptoms of poisoning arise from the endermatic use of the acetate of Morphia in whooping-cough. He cautions at the same time against the general use of blisters of Cantharides, particularly in inflammations of the digestive organs, where they are too irritating and aggravate the disease. *Weisse* mentions a case of diabetes caused by a blister of Cantharides. In delirium tremens, *Spence* gives thirty grains, *say thirty grains!!* of tartar emetic every half hour. In a case of tetanus, *Lisfranc* ordered eight venesections, at the rate of one pound of blood at a time; then eight hundred leeches to be applied, and large doses of Opium to be given besides. To destroy aneurisms by anastomosis, *Ollivier* has proposed to inoculate the parts with the poison of the hospital-gangrene. *Hamilton* inflicted the following treatment upon a girl of sixteen years, who, for some weeks past, had shown symptoms of febris continua, spoke incoherently, and, for the last four days, had frequently uttered loud cries on account of great sensitiveness of the abdomen:

Dec. 29: Venesection of twelve ounces, warm fomentations on the abdomen, injections of salts and Senna, and a grain of Opium internally, every four hours.

Dec. 30: No change; venesection of eight ounces. Leeches and warm fomentations, injection and a grain of Opium internally, every hour.

Dec. 31: No stool. Owing to constant drowsiness, only two pills of Opium could be given. Sopor, momentary opening of the eyes when spoken to, and relapse into the former

condition. The patient ceased to complain. Three drops of Croton-oil were now ordered. The sopor had increased towards evening, all sensibility had disappeared, deglutition became difficult, pulse feeble and one hundred and forty. The patient was given a little teacupful of wine and water every minute. Death ensued on the day following, at five o'clock in the morning.

This case of homicidal treatment would have been better adapted to a vade mecum satyricum than to the "*Collection of Select Cases*,"\* a title which can only be degraded by such cases. In the Dublin hospital, every new-born infant is given a grain of calomel four or five hours after birth, and, eight or ten hours afterwards, a few doses of Oleum Ricini, to carry off the meconium. *Feroni* (see his *Annals*, Vol. III.) has shown, by a number of warning cases, with what pernicious results the obstinate carrying out of preconceived opinions may be attended in the treatment of disease. I do not wish to extend this list of commissions to a greater length. Volumes might be filled with the records of shameful and criminal treatment. The few cases which I have communicated above, will prove sufficient to cause all honorable and independent physicians to mistrust the old-fashioned boasted *Medicina Rationalis*, and to examine the specific or homœopathic method of treatment with an earnest and becoming attention.

#### SECTION 85.

Nature, the great teacher, shows us the way to cure diseases without the use of cruel and dangerous drugs. The difficulty lies in properly observing and understanding Nature's teachings. What takes place when two different diseases meet in the same individual, is particularly instructive.

Dissimilar diseases may, under certain circumstances, co-exist in the same individual, particularly when the dissimilarity is very great, when different parts of the organism are the seat of the disease, and when the affected organs have neither sympathetic nor antagonistic relations with each other. Itch-patients may be attacked with dropsy or syphilis; hysterical or epileptic patients may be attacked by any kind of inflammatory disease. Frequently, however, the complication is only apparent; for the disease which is supposed to have supervened, may be a continuation, a material development or dynamic transformation of the original affection. In this way,

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\* Vol. XVII., p. 716.

encephalitis or meningitis may pass into hydrocephalus, hepatitis may change to ascites, typhus-fever may terminate in apoplexy, and inflammatory diseases frequently assume a typhoid form in consequence of the fashionable depletions. We hear frequently, that this or that patient might have been saved if typhus-fever or apoplexy had not supervened; mention is frequently made of three or four diseases as having supervened, whereas they are mere developments of one and the same abnormal vital process, which, unfortunately, are but too frequently the result of improper treatment.

Generally speaking, diseases, even when dissimilar, cannot coexist fully developed in the same organism, if tissues or organs which have sympathetic relations with each other are the focus of the morbid process. This is the reason why one disease protects one against another. Scurvy guards one against the oriental plague. *Pittschaff* relates, upon the authority of the traveller *Azabas*, that in Paraguay the bites of venomous serpents are not fatal to syphilitic patients: he adds, that persons who are afflicted with gonorrhœa are not easily attacked with typhus. *Klose* accounts for these and similar facts by the principle of antagonism. Sometimes dissimilar diseases set in when some other disease is present, which is suspended in such a case until the former have run their course. In the year 1779, the small-pox disappeared in those districts where the then prevailing influenza broke out, but reappeared as soon as the influenza left. (See *Richter's Therap.*, p. 273.) *Glehn* treated a patient who had small-pox and scarlatina at the same time. A violent fever set in, which threatened to run into typhus. Scarlatina then made its appearance, which disappeared on the day following, when the small-pox broke out on the patient. Epilepsy has been suspended by tinea capitis and flowing piles, itch by scurvy, gout by hæmorrhoids, not to mention other numerous observations. It is assumed that the weaker disease is always overpowered by the stronger. This cannot be denied. But the intensity of a disease cannot be measured by its generic character. All depends upon the individual character of the conflicting diseases, which is evident from the fact that simultaneously existing diseases frequently alternate. If either of them were stronger in an absolute sense, it would never yield to the other. On the other hand, it is impossible to explain why dissimilar diseases coexist in one, and suspend each other in another individual; the reason, perhaps, is, that single systems and organs sometimes maintain a certain relative independence, and are little or not at all involved in the general disturbance of the organ-

ism, and that at other times and in other individuals such systems and organs are extremely sympathetic.

The case is different with diseases that are similar; if similar diseases coexist in the same individual, the weaker is completely effaced by the stronger. Opponents of the specific healing art have taken great pains to quote instances of co-existing similar diseases, such as measles and small-pox, varioloid and variola. As to the similarity of measles and small-pox, it may boldly be asserted that there is not any; that similarity is confined to the presence of an acute exanthem breaking out with febrile symptoms, but differing in the two diseases in form as well as in regard to the concomitant symptoms. The measles are seated in the epidermis, the small-pox in the rete Malpighianum, and, according to *Sacco*, in the corium; this latter opinion is likewise entertained by me. Moreover, it has been observed by ancient and modern physicians, that the two diseases run a different course; one remains latent until the other is on the decline. This is likewise the case with variola and varioloid, with this important difference, that the disease which breaks out first, attains its complete development, and that the other eruption, which appears later, is evidently modified; showing that the more powerful disease had very nearly succeeded in effacing the weaker.

Hahnemann has collected a number of cases, showing that the weaker disease is effaced by the stronger. In many of those cases, the external similarity is not very remarkable. If small-pox is sometimes accompanied or succeeded by a swelling of the arm, swelling of the testicles, dysenteric diarrhoea, ophthalmia, and blindness, it does not follow that there is a similarity between these diseases and small-pox. There are other, much more instructive and convincing cases, such as habitual headache disappearing in consequence of a typhus characterized by a similar affection of the head, or paralysis of the arm as a sequel of typhus, disappearing again after the lapse of several years under the influence of a second attack of typhus. Three years ago, I vaccinated a child that had been several times attacked with erysipelas fugax; the last attack having taken place eight days previous. The inflammatory redness showed itself on the ninth day, spreading from the spot where the vaccine had been applied upwards and downwards, to the shoulders and tips of the fingers. Both arms swelled to an enormous size, and the fever was very violent. When this inflammation had dispersed, the

disposition to erysipelas, which was a similar inflammation, had entirely disappeared.

The attention with which I have for some years past investigated this subject, enables me to say, that only such diseases have power to efface each other, as are not only similar in regard to their dynamic character, but are seated in the same systems and organs. If this observation be correct, it furnishes an additional proof of the necessity to study the dynamic character of the disease we are called upon to treat, and the anatomical region, which is the seat of the disease.

#### SECTION 86.

Although observations such as have been recorded in the preceding paragraph, naturally point to the principle "*similia similibus curanda*;" nevertheless, the firmest support of that principle, is experience at the bed-side of the patient. It can be shown from history, that that principle has been followed in practice from time immemorial, in a vast number of cases. Hahnemann, and his disciples, have compiled a multitude of cases where the homœopathic law has led to successful and brilliant results in practice. I will here record a few facts confirmatory of my statement.

*Belladonna*, which produces in the healthy organism a group of symptoms very similar to hydrophobia, has been known, for a long time past, as one of the principal remedies for that disease.

*Mercury*, with which we cure syphilis, occasions ulcers which resemble syphilitic ulcers so closely that these two kinds of ulcers are frequently confounded with each other.

*The oil of turpentine*, which is a distinguished remedy for burns, occasions a painful burning on the skin. It may not be out of place here to observe, that I have found sulphuric acid, the caustic properties of which are far superior to those of turpentine, much more efficacious in burns than the latter substance. Lately, a solution of phosphorus in oil has been recommended as an application to burns, upon the same principle as turpentine and sulphuric acid.

*Stramonium* removes insanity, which it causes in healthy persons.

*Millefolium*, has frequently been employed with success against certain kinds of hæmorrhage; it possesses the property of exciting hæmorrhage in the healthy.

*Dulcamara*, a well-known remedy for herpetic eruptions,

has, according to Carrere's observations, occasioned similar eruptions over the whole body.

*Sulphur*, with which a number of eruptive diseases are cured, possesses the property to occasion eruptions. Some have attempted to deny this. Any one who wishes to become convinced of that fact, needs but to travel to some sulphur springs, where he will find the largest number of the guests covered with the so-called "bath-rash."\* Let me remind my readers of *Krimer's* observations, that sulphur-baths frequently cause the very thing which they are intended to cure. *Bird* (in *Rust's Magazine*, vol. 38), relates a case of ophthalmia occasioned by sulphur; we know that sulphur is an invaluable remedy in many inflammations of the eye.

*Tea* occasions palpitation of the heart, anguish, and restlessness, particularly in persons who are not accustomed to its use. *Kremers* has seen intoxication produced by the excessive use of tea. In the hospital of London, a case of poisoning by Opium has been cured with green tea, and we know that tea acts very beneficently in intoxication. (See *Lancet*, November, 1833.)

*Colocynth* causes dysentery with colic. *Ehrenberg* and *Hemprich* relate that the Arabians employ camel's milk which has been left standing over night in a hollow colocynth, as a preventive against dysentery. *Leo Wolf*, of New-York, has successfully treated dysentery with *Colocynth*.

*Cantharides* occasion a violent irritation of the intestinal mucous membrane with diarrhœa. A woman who had been for some time past treated for chronic diarrhœa without benefit, took pills of *Cantharides*, and was completely cured within a fortnight.

*Opium* has frequently been employed with great success for incarcerated hernia and ileus.

I refrain from quoting homœopathic physicians as authorities. There is a disposition to doubt any statement that homœopathic physicians may make, and even to accuse these gentlemen of wilful deception. He who possesses sufficient independence of mind not to allow himself to be predisposed against the new doctrine by mere invectives, and to examine it with impartiality and attention, will soon become convinced that the principle "*similia similibus sananda*" is brilliantly confirmed by experience.

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\* This is the literal translation of the German term for that eruption.

## SECTION 87.

*Select a remedy which is capable of producing in the healthy organism an affection similar to the disease which is to be cured.*

We have not, as yet, succeeded in establishing the homœopathic law by a demonstration *a priori*; such demonstrations are impossible, both as regards the homœopathic or any other law of cure. The maxims of cure are all derived from experience. If we find, upon analyzing the curative process, that the facts agree with other well-known laws of Nature, the principle of cure upon which our treatment was based, attains a higher scientific character. Hahnemann has proclaimed the homœopathic law as an empirical truth, enjoining upon his followers to adopt it without caring about the *rationale* of its operation. If he had taught an hypothesis, and, by a series of syllogisms, had constructed a system of cure without the slightest practical value, he would have been much more acceptable to rigorous dogmatists; than by his simply *discovered*, but not *invented* law. Several learned authors have attempted, with more or less success, to explain the *modus operandi* of a homœopathic agent upon the principle of polarity, although it is impossible to bring every little occurrence in Nature under such a vast generalization as the principle of polarity, which is founded in reason, though not as yet susceptible of universal demonstration. The contemplative study of nature sometimes enables us to infer a principle from single phenomena, which, owing to our ignorance of the intermediate links, we should not have been able to develop from a superior generalization, with which the former principle may nevertheless agree. This principle becomes an empirical truth when we see it confirmed in numerous cases. Analysis and combination give it, of course, a higher value.

We have shown above that the living organism possesses the power to oppose and neutralize noxious influences. If the noxious influence be more powerful than the vital force, the organism experiences a series of morbid sensations which continue as long as the morbid influence prevails with its original force. Hence it is that diseases which are not the product of some contagium, that is unchangeable, and, after having invaded the organism, consumes itself, never get well by the unaided power of the vital force. But if the morbid influence have been weakened, the vital force then endeavors to react and very often does successfully react against the former by

establishing a state which is in polaric opposition to the former state of disease. In this way the organism *cures itself*. While this spontaneous reaction is going on, it is important not to interfere with artificial means. *Jahn* and *Halford* have offered some interesting observations on that subject. If no improvement take place, the vital force is too feeble to realize a curative reaction. In that case art has to interfere with appropriate means to stimulate the reactive force of the organism, and to enable it to free itself from disease.

### SECTION 88.

In the following paragraph I shall examine some of the principal objections which have been raised against the homœopathic law as a principle.

1. If the living organism possess the power to realize a state which is opposed to a state of disease, why does not a cure take place spontaneously ?

It is evident that the disease must continue as long as the morbid influence is not removed. But if, after its removal, disease continue, it ceases to be a mere reaction against some external noxious influence ; the vital force itself is diseased, and is therefore unable to react against its own abnormal condition. Organs which are less diseased, may react against the abnormal functions of other organs ; this gives rise to a commotion of the organism, during which the parts that were first invaded, frequently are the most quiet, and gain time to recruit themselves. In this way a cure frequently takes place spontaneously in consequence of some critical revolution. Such a revolution, where one organ opposes the other, is, however, a doubtful struggle ; it is much safer to rouse the reactive power of the vital force by means of an artificial opposite, which corresponds to the general abnormal state.

2. If the specific or homœopathic curative agent excite a disease similar to the natural disturbance, how can this be cured, or must it not rather be made worse by the homœopathic agent ?

Some have attempted to answer that question very briefly by saying that the natural and the artificial diseases neutralize each other like positive and negative electricity. Without wishing to find fault with this ingenious explanation, I shall simply content myself with adhering to facts. It is, indeed, true that diseases are made worse by multiplying the number of noxious influences. Specific remedies produce the same result, especially when given in a dose which is powerful



enough to affect the organism pathogenetically. The disease is, indeed, sometimes aggravated by the homœopathic agent. *Leo Wolf*, in treating dysentery with *Colocynth*, has observed in every case an aggravation of the symptoms previous to recovery. *Bartels* recommends for chronic liver-complaint foot-baths with nitro-muriatic acid, which first occasion a considerable aggravation of the symptoms. Similar aggravations have been so frequently observed by homœopathic physicians, that it has been supposed they were necessary precursors of a cure. *Hahnemann*, who, at first, used large doses, was led to the discovery of the attenuations by the frequently dangerous aggravations occasioned by such doses. It is, therefore, an established rule to *give such doses as will suffice to excite the curative reaction of the organism*.

3. Counter-action is a negation of the primary action. Now, if the primary action be so feeble that it is scarcely perceptible, how is it possible that the counter-action should be powerful enough to extinguish the disease?

*Hahnemann* answers this question briefly by stating that the disease, being an inferior and relative condition, is weaker than the medicinal agent, which possesses an absolute power to alter the dynamic condition of the organism. This explanation is not sufficient. It is refuted by the fact that real drug-diseases can be cured antidotally with small doses of other drugs. Nor is it sufficient to assert that the quantity and quality of a homœopathic agent are in an inverse proportion, and that the power of the drug increases in proportion as it is more highly attenuated. This is contrary to experience. We attenuate medicines to diminish their excessive action. Experience will tell us why the homœopathic agent, though small, is still powerful enough to effect a cure. We know from experience that the dynamically disturbed organism is most powerfully affected by influences which have a tendency to realize a similar disturbance in the healthy organism. Such influences might be called *homogeneous*. The susceptibility to *heterogeneous* influences is diminished in a proportionate ratio. This is the reason why *contrary* agents have to be used in large quantities, whereas the smallest portion of a similarly acting or homogeneous agent is sufficient to secure a powerful reaction. The sentient nerve, if affected in a certain direction, is inclined to be again affected in that direction; even a feeble sound is capable of eliciting vibrations from a correspondingly attuned string, and the slightest impression is sufficient to increase the speed of a rolling ball. An irritated temper may be vehemently excited by the slightest contradiction, and the most

inveterate drinker may become intoxicated by a glass of wine which he swallows in a fit of passion. The homœopathic agent acts as certainly as the chemical bodies which, by their mere presence, disturb the relations of affinity. If a man be half intoxicated with wine, a few glasses of rum will stupefy him entirely, whereas a teaspoonful would dispel the dizziness.

As regards the *modus operandi* of remedial agents, it is beyond our power to account for it.

#### SECTION 89.

*In homœopathic treatment we require to exhibit agents, the effects of which upon the healthy organism are as similar as possible to the disease.*

It is important to know, by what means that similarity shall be determined. Hahnemann's plan is, to compare the symptoms of the disease with those of the drug, and to give the medicine which has the largest number of similar symptoms.

This peculiar method of selecting a remedy by the symptoms, has been assailed with great vehemence by the partisans of the old dogmatism in Medicine. I shall not waste my time to show that, if all the symptoms have disappeared, the disease must have ceased likewise. I am also willing to admit, that the proposed symptomatic treatment is, in an immense number of cases, sufficient to cure the disease; but there are likewise cases where such a thing is impossible, from various reasons.

1. There are diseases where only a few, or, perhaps, a single symptom, are perceptible to the senses, and where it is, of course, impossible to select the proper remedy, unless we have a correct knowledge of the general dynamic condition of the organism. Let us take a case of simple prosopalgia without any characteristic symptoms. It has to be treated differently according as it arises from this or that cause. If arising from a cold, we may have to employ Aconite, Nuxvomica, or Hepar sulphuris; if it have appeared after an attack of fever and ague, we may have to give China, or Arsenic; if it be caused by Mercury, Aurum or Hep. sulph. may be the true remedy. *Hahnemann's* rule is, to give a remedy which seems to be most similar to the symptoms; if then new symptoms arise, he advises to take another record, and make a new selection; this method is to be continued until every symptom has disappeared. The same method is

to be pursued in the treatment of local affections, though these generally reflect some general internal affection, the removal of which, by appropriate specifics, will undoubtedly be followed by the disappearance of the local complaint. This is Hahnemann's own opinion, to which I willingly agree. Many an operation is avoided by treating ulcers, excrescences, tumors, tubercles, etc., homœopathically. In the last eight years, I have had twice the pleasure of saving carious limbs, which had been condemned by the doctors; the ulcers healed, and the patients were able to return to their occupations. Of course, we ought not to go too far in opposing surgical operations. Why should we not open an abscess, apply a cataplasm, change a fistula to a readily healing open wound, exsect a cancer of the lip, or put a ligature round a polypus, if we know that the patient will be relieved by the operation? The local treatment may frequently be sufficient. This, however, is not the place to say when and where the local and general treatment should go hand in hand, or remain separate.

#### SECTION 90.

Another difficulty in treating diseases by the mere symptoms, is

2. The prominent development of sympathetic affections. *Werber* observes, that we must employ remedies which will act upon the diseased organ and attack the very focus of the disease. Suppose the original symptoms of the disease are very obscure and the sympathetic symptoms very prominent, how shall we succeed in at once selecting the true curative agent, if we suffer ourselves to be exclusively guided by the symptoms? Why should we not avail ourselves of every means in our power, to obtain a correct knowledge of the pathological character of the disease and the relative value of the existing symptoms? In fevers, particularly, it is of the utmost importance to investigate the focus of the disease, since fevers are, as a general rule, reactions of the vascular system against some abnormal local change which has to be removed if we wish to cure the fever. We have some excellent remedies which are specifically adapted to the cure of fevers, such as China, Quinine, Arsenic. But even these specifics only cure the fever, if the internal cause of the disease be removed under their influence. If the internal local affection continue, the fever will either break out again, or else the morbid action will be transferred to some other sympathetic organ. In this

way it is that febris larvata, intermittent neuralgia, infarctions of the liver, dropsy, etc., are brought on, and we then may congratulate ourselves if these dangerous and distressing vicarious affections give place again to the original disease.

Beside fevers, there are many other affections originating in sympathy. Headaches, for instance. A glance at the *Materia Medica* will convince us of that fact. Headache is scarcely ever wanting, and yet, it would be foolish to suppose that headache is always a primary symptom. A sympathetic headache is frequently very intense, and yet, nothing needs to be done for it directly, it will disappear of itself, together with the pain or disorder upon which it depends.

#### SECTION 91.

In treating a disease symptomatically, we frequently come

3. In collision with the curative efforts of nature. Many symptoms occur which are indications of a favorable spontaneous reaction of the vital force, and should not be disturbed. It is true such mistakes can only happen to the inexperienced observer. A critical diarrhœa, setting in after an indigestion with constipation, should be allowed to run its course; or a critical sweat in pneumonia should be left undisturbed. To treat disease, we have to know something more than the symptoms, we have to be acquainted with the pathology, course, and critical changes of diseases. Alas, too many think themselves competent physicians, whose only claims rest upon the possession of a medicine-chest, and a repertory of the *Materia Medica*.

#### SECTION 92.

*The curative efforts of Nature ought to be assisted, not arrested.*

The counter-action of the organism is either entirely wanting, or it is too feeble or too violent, or, lastly, it is adapted to the purpose of cure. In each of these cases particular rules have to be observed. We will examine them singly.

1. If the counter-action be entirely wanting, the symptoms undergo no change, except so far as the disease progresses in its course. In this case, the symptoms either denote

a. Debility, as in adynamic, putrid fevers, cachexiæ, etc. In such conditions of the organism, so-called corroborants and stimulants have frequently been of great use. A more nourishing diet, a good soup, a glass of wine, an aromatic bath, and similar means which rouse the energy of the general or-

ganism without acting specifically upon the affected tissue, are frequently sufficient to excite a beneficent reaction in the organism. A female who was nearly dying with an adynamic fever, was cured by *Rademacher*, with eight ounces of alcohol, and one ounce of sulphuric ether, which she had to take in one night, little by little. *Delonnes* cured an aged woman who had been brought to the brink of the grave by venesections, cathartics, and emetics, by giving her large portions of a strong Spanish wine, and applying hot napkins to her body. *Hurham*, *Pringle*, and *Whytt*, have recommended wine under similar circumstances. *Berends* relates the case of a scrofulous boy who was attacked with small-pox. The case went on favorably until the second day, when the boy became suddenly stupid, with dilatation of the pupils, insensibility to light, slow and feeble pulse. The boy was stimulated with broth and malaga, the exanthem became efflorescent, and the disease terminated favorably.

Our coarse domestic practice has a number of such cases to exhibit. On the other hand the indiscreet use of stimulants frequently results fatally. This is owing to the fact that certain symptoms of weakness are mistaken for indications of a general debility of the organism, whereas the weakness results from the arrest or limitation of the peripheral activity of the organism, in consequence of the disease of some central organ. If the fainting turns and the small trembling pulse were to induce us to give wine and other stimulants, we would simply hasten the death of the patient. Stimulants can only be given when we are sure that there is no general prostration of the vital forces. Even the homœopathic physician is, under these circumstances, bound to prescribe a nourishing diet, broth, eggs, or a little wine; these things may even prove sufficient without giving any medicine. The case is different when

b. The peripheral vital action is exhausted, and a tumultuous reaction takes place in an organic system; that tumult would be increased by stimulants. The intensity of the reaction shows that the organism has sufficient power to react; and if the curative counter-action do not set in, we have to infer that the morbid cause, whether internal or external, still continues. In that case we have first to discover the cause, and then to remove it by suitable specifics.

2. When the counter-action is too feeble, we observe symptoms of an uncertain struggle between the organism and the morbid agent, a wavering of the organism between restoration and depression, and primary phenomena of disease with symptoms of counter-action, the former remaining, however,

superior. The selection of the remedies must be made in conformity with those primary phenomena. Suppose we have a case of acute rheumatism to treat, the patient has violent fever, with a burning skin and diminution of all the secretions; he suffers with violent pains in the limbs. The curative efforts of nature are manifested by a transitory discharge of blood from the nose, increased secretion of urine and sweat, the pains are somewhat relieved while those critical secretions last. These, however, are not permanent; an exacerbation of the symptoms takes place as soon as the secretions stop. According to the rules of the old school, it is important to observe the mode and character of the critical changes which the organism endeavors to accomplish. If there be a disposition to critical changes by the bowels, a cathartic is given, if the organism show a disposition to perspiration, diaphoretics are prescribed, very frequently with excellent effect. Many would laugh in our faces if we were to undertake to show that elder-tea, which they have so frequently and so successfully employed for a rheumatic fever, leaves a dangerous train of after-symptoms. In short-lasting acute diseases such symptoms need not to be dreaded. Provided the disease has reached a successful crisis, the drug symptoms, if there be any, disappear very speedily.

To assist the organism in its efforts to free itself from disease, by artificially producing the critical changes indicated by the organism, does not seem such a very irrational proceeding. But physicians have gone too far in that direction; they have attempted to control instead of assisting nature. Some undertake to expel all diseases by sweat, others by the bowels, and nature, poor nature, which, if left alone, might perhaps succeed in restoring itself, is compelled to curb itself under the yoke of a blind and foolish sophist. In this way the cure of innumerable diseases has been retarded, and the sufferings of the patient have been aggravated and often rendered incurable.

In treating disease homœopathically, all that is required is to give a remedy which shall correspond as perfectly as possible to the general morbid condition, and nature is left free to establish a counter-action in whatever direction she pleases. Any body who practises the specific method of cure with discretion, knows that it is by far the safest, and never inflicts any positive injury. Sometimes, however,

3. The counter-action is too violent, either in the primarily invaded, or in the sympathetically affected organs. In such cases the vital force has obtained an absolute control over the morbid agent. We see, for instance, that a diarrhœa is fre-

quently followed by an obstinate or chronic constipation, a metrorrhœa by a suppression of the menses, an inflammatory swelling by atrophy of the affected parts; emaciation by a tendency to get fat. These are polaric inversions, which, if they last beyond the proper time, have to be treated as morbid conditions, with great care, however, lest too powerfully-acting doses should again lead to the opposite extreme. Medicines, the primary effect of which, is antipathic to the existing disease, are the most dangerous to be used in equilibrating such alternate conditions. Patients who are treated with such means, remain for ever after in the hands of the physician and apothecary. The secondary effect of one drug has to be neutralized by the primary action of another, which again leaves a secondary effect, and so on, until the patient is either ruined or gets tired of the butchery, and prefers relying upon Nature's own powers. If specific remedies should occasion secondary effects, they can easily be removed.

4. The so-called alternate effects are, properly speaking, a wavering between primary and secondary effects. A similar state is frequently observed even without medicine, where, at times, the morbid agent, at others the counter-acting organism prevails. The alternation of chilliness and heat in fevers might, perhaps, be classed in the category of alternate effects. Contractions and expansions, fluent coryza and obstruction of the nose, diarrhœa and costiveness alternate with each other. As a general rule, the counter-exertions of the organism are, in such cases, too feeble to restore the equilibrium of its forces, and if such fluctuating phenomena result from the action of the remedy, it ought to be given in a larger dose, or more frequently. Sometimes, however, this alternation from one state to the opposite, arises from the fact that the medicine, instead of acting upon the focus of the disease, acts upon a sympathetic organ, occasioning incomplete reactions, and requiring the exhibition of some other drug.

5. The counter-action of the organism may be sufficiently powerful to effect the restoration of health. It is then that the greatest sins are frequently committed by the attending physician. He does not want the patient to suppose that medicine has been of no use. To show his importance, the physician prescribes all sorts of medicines which he pretends will assist Nature, whereas his meddlesome interference disturbs, and frequently arrests the reactive efforts of the organism. Homœopathic medicines are likewise prejudicial if used under such circumstances. There are, however, patients who imagine that nothing is done for them, if they do not take

medicine. In that case some indifferent substance may be prescribed.

### SECTION 93.

By keeping in view the remarks which have been offered in the preceding paragraphs, the principle "*similia similibus curanda*" will not be misunderstood. A remedy ought to be chosen, not because it is capable of producing symptoms which are similar to those of the disease, but because the general state of the organism arising from the action of the drug is similar to the general character of the disease. Skill and experience are required to practise medicine rationally. It is a remarkable fact, however, that physicians with the dullest comprehension are sometimes the most successful practitioners. They do not trouble themselves with doubts, and content themselves with treating disease according to the rules of the school, no matter what may be the result. Physicians with a higher intelligence frequently complain of the incompleteness of medical science and the uncertainties of diagnosis. The mere name of the disease, and the place which the disease occupies in nosological systems, do not enlighten us about the treatment. We require to have a clear perception of the dynamic character of the disease, in order that the general as well as special symptoms may be properly understood in their true character as curative indications. Frequently, however, we are at a loss to unravel the pathological character of the disease; etiology, symptomatology, and semiotic, leave us in the lurch. What is to be done in such a case?

The best course, under those circumstances, is to select a remedy in accordance with the totality of the symptoms, as nearly as possible. The greater the danger the more marked are the symptoms, and the easier it will be to select a remedy. Symptoms are certainly more important than they at first sight appear. We have not yet sufficiently studied the true meaning of the symptoms of our drugs, to derive any knowledge from them relative to the dynamic and polaric relations existing between single organs, still less, relative to the retroactive influence of sympathetic affections upon the whole organism. Many symptoms appear to us accidental, which are nevertheless of the highest importance in practice. I beg leave to corroborate this statement by a few cases from my own practice.

Some time ago, I was asked by a young lady to give her something for toothache. She could not tell how she got it, and was only able to mention the following symptoms: troublesome



itching over the whole body, in the evening after lying down; afterwards, drawing, gnawing toothache in the left upper jaw, disturbing sleep; the tongue was somewhat coated white; in the daytime she felt very weary and ill-humored, had discharge of water from the nose with paroxysms of violent sneezing. This was evidently a catarrhal affection, to which, considering its general character, Sulphur and Chamomilla seemed to correspond more particularly. The violent sneezing, however, decided me to give Cyclamen; the pain never returned.

A vigorous woman of forty-seven years, fresh complexion, who had been predisposed to congestion of blood, and had frequently been bled on that account, was attacked with pulmonary hæmorrhage, in consequence of some physical exertion. More than a pint of bright-red blood was thrown up without cough. I was sent for immediately, but was unable to discover any other symptoms except a full, hard, slow pulse. There were no pains in the chest, the breathing was free and easy. Venesection was proposed, to which I objected. To quiet the circulation, I gave Aconite. Next day, at the same hour, the hæmorrhage returned. The symptoms were entirely the same, except a pain in the right knee, which had supervened. This pain being characteristic of *Ledum palustre*, which is, moreover, an excellent remedy for active hæmorrhage from the lungs, I gave it at once. The hæmorrhage ceased ever after.

Some time ago, I treated a young carpenter for ischias. The remedies had no effect. The father of the boy then complained to me that his son was very forgetful. This symptom reminded me of *Staphysagria*, a single dose of which removed the disease within four days.

A lady disposed to obesity, of forty-eight years, was frequently attacked with nightmare after the cessation of the catamenia. Supposing that it arose from a congestion of blood, I gave her what I thought proper to remove it, but in vain. Upon instituting a more careful examination, I found that she was frequently tormented by violent itching between the scapulæ, and that a rash had made its appearance on the back. Two doses of the carbonate of potash, which corresponds to that symptom, cured her in five days completely.

An irritable and quarrelsome female, who was pregnant for the fourth time, had taken it into her head that she would die during her next confinement. She had become quite melancholy, and requested my advice by letter. She stated her symptoms incompletely. Aurum had no effect. Hyosciamus was likewise ineffectual. Afterwards I saw the patient personally, and was then told that she frequently grated her teeth

at night. This symptom is characteristic of *Conium*, which corresponded to the condition of my patient in all other respects. She got well at once.

A hypochondriac old man had been suffering for some time past with gastric difficulties and diarrhœa. I found, moreover, that he was attacked three or four times a day with a shuddering in the pit of the stomach, as if icy-cold water were poured over him. This symptom indicated phosphoric acid, a few doses of which cured him at once.

These few cases may suffice to show the importance of a most accurate record of the symptoms. No one can be more desirous than I am, of reducing the rules of practice to a rational system; but, on the other hand, no one can be more deeply convinced of the impossibility, in the present state of medical knowledge, of connecting the symptoms into a logical unit. Our pathologists, indeed, explain every thing. It is easy to see that a toothache, with sneezing, has a catarrhal origin; but a catarrhal toothache may likewise exist without sneezing. And yet the sneezing, in the above mentioned case, was the principal curative indication.

It may be said that the pain in the knee, in the above mentioned case of hæmorrhage from the lungs, indicated a rheumatic affection to which *Ledum* corresponds. This may be, although the rheumatic character of the affection is rather counter-indicated by the fact that physical exertions were made with raised arms. Of the many anti-rheumatic remedies, not one would have effected so rapid a cure as *Ledum*, which corresponded most nearly to all the symptoms.

It will be just as difficult to explain the pathological connection of forgetfulness and ischias, or of a rash on the back with nightmare. What is the precise dynamic character of rheumatic pains when the affected parts are disagreeably cold, and which yield so readily to *Cocculus*? Why does *Ranunculus* cure the rheumatic pains of the intercostal muscles when attended with catarrhal symptoms, as I have so often observed? Why does *Ignatia* remove gastric complaints in persons of a lively, good-natured disposition, and why is *Nux vomica* more adapted to persons of a vehement temperament? There is an answer to these questions, but it is too general to be of much avail for the explanation of special conditions. My answer is based upon the view that disease originates in a disturbance of the vital dynamis.

The symptoms of disease reflect the diseased action of the nervous system, taking place in the nerves themselves or in the organs of the reproductive and vegetable life under the con-

trol of the nerves. We account for many phenomena by the progression of the disease from organ to organ, and the appearance of the disease in organs at a distance from each other, by the fact that nerves dip into the organic substance, and that they anastomose with each other. The pathology of the nervous system has been too much neglected. We have devoted our attention almost exclusively to the study of the material differences prevailing among the organs which are subject to the control of the nerves; whereas the most important and most interesting point would seem to be, to investigate the laws upon which all nervous action, this source of our sensations and regulator of the organic functions, depends. The theory of the specific healing art must, above all, rest upon a dynamic ground. For the homœopathic physician, the pathology of the nerves is a subject of vital and paramount interest. He is bound to believe that his remedies affect, in the first place, the sensitive sphere, and, by its means, extend their influence over the other tissues and organs. We are entitled to judge of the dynamic relations of the organism by the perceptible symptoms, and to prescribe in accordance with the symptoms, when certainty and conviction are wanting. Hence it is of the utmost importance to institute the most careful comparison between the symptoms of the drug and those of the disease. I admit that this is a somewhat mechanical proceeding, but infinitely superior to a blind and speculative treatment.

## SECTION 94.

This is the proper place to say a few words about the *isopathic method*. This method is based upon the principle, "*æqualia æqualibus sananda*," or, to cure diseases we must employ remedies that produce not *similar* but the same diseases in the healthy organism. The author of the isopathic doctrine, *J. J. W. Lux, of Leipsic*, bases it upon the following facts:

1. Frozen limbs are cured by cold, burns by heat. This, however, can be accounted for, without alluding even to isopathy. It is well known that powerful dynamic oppositions, if succeeding each other immediately, are dangerous and even fatal to the vital force which recovers itself most certainly by the gradual diminution of the noxious influence. A drunkard is not deprived of his brandy suddenly, and a frozen individual is covered with snow, because snow, although cold, yet is not as cold as the medium in which the congelation took place. To this class of cures belong—

2. The cures of certain drug-diseases, by high potencies of the same medicine. I have no doubt, however, that many false statements have been made in this respect. *Schmid* observes, very justly, that, in many cases the development of the disease has been mistaken for the effects of the medicine which had been given in a somewhat large dose, and a smaller dose of which afterwards cured the disease. Cases of this kind will be found recorded § 108. *Kämmerer* relates a few cases of diarrhœa arising from poisoning by copper, which was cured by small doses of copper. The patients had discharged by the mouth and bowels, and it is probably this ejection of the poisonous substance which effected the cure. We may likewise record as isopathic cures—

3. The cures of the bites of serpents by parts of the serpent; such cures are mentioned by older writers. It is difficult to separate truth from falsehood in this matter. It is evident that superstition and prejudice play an important part in such cases. Wounds inflicted by a dog, whether rabid or sound, are covered with a cluster of its hair. The brilliant result of such treatment is, however, no better known than those remedies are isopathic to the disease.

Vaccination is referred to as an isopathic process. It is indeed true, that the vaccin is a preventive against small-pox; but it is by no means certain that all preventives are curatives. I refer to *Thorer's* fine critical remarks on that point in the *Homœop. Gazette*, Vol. II., No. 19. Of more importance are—

5. The cures which have been effected with the products of contagious diseases, and which contain the contagium. *Batzendorf* and *Ægidi* assure us that attenuated vaccin shortens the course of small-pox and renders the disease milder.

*Weber* has cured with anthracin a number of animals affected with anthrax. In my own practice, I have seen a number of cures with that brilliant remedy, which has never failed in my hands, except where other remedies were used simultaneously, or where the disease set in with such fury that it became fatal in half an hour. It is well known that the itch has frequently been cured with psorin or psoricum. *Attomyr* relates a rapid cure of scald-head with psorin. *Veith* recommends herpetin for the cure of herpes. *Kolinski* tells us that he has cured gonorrhœa in eleven days with gonorrhœin. Similar cures are related of ozænin, and other products of disease.

Many cases of successful isopathic treatment have been related by such undoubted authorities, that they must be credited. Enthusiastic partisans of this new system have, however, been too hasty in their generalizations, and have mixed up our Ma-

teria Medica with the most disgusting things, for the benefit of isopathy.

#### SECTION 95.

In a work which is simply intended to develop general therapeutic principles, no special rules of treatment in particular diseases will be expected. It may be appropriate, however, to offer a few general remarks.

*Acute diseases*, which authors are so particular in distinguishing from chronic, are characterized by the more violent reactions of the vascular system, and by the rapidity with which they run their course. I will not discuss the question whether there are primary fevers, where, according to the doctrines of our neuro-pathologists, the disturbance of the sentient sphere is first manifested in the circulatory system. In my judgment it is unnecessary to lay down special rules for the treatment of acute diseases. The great point is here, as in every other class of diseases, to remove the cause. It is of importance to pay attention to local affections, which sometimes only manifest themselves by an increased sensitiveness of the diseased part to contact. Such local affections are, for instance, aphthæ of the intestinal canal in typhus, which, frequently, do not cause any pain until pressure is made on the abdomen; and the inflammatory affections of the vertebral column which frequently remain unnoticed until the sensitiveness of the affected part is discovered by pressure; the frequently deep-seated and concealed affections of the liver and spleen likewise belong to the category of local affections. John Marshall relates cases where the symptoms indicated an affection of the heart, but where the disease actually proceeded from an irritated spot of the spinal marrow in the dorsal portion of the vertebral column. He observes that phthisis, apparent affections of the liver, cardialgia, chorea, and consumption of the mesentery, frequently proceed from the same cause. As a matter of course, homœopathic physicians should, at least, be as careful diagnosticians as their opponents.

#### SECTION 96.

In chronic diseases strong antipathic medicines are more dangerous than in acute. If such diseases set in after the successful termination of acute diseases, there is less danger. The morbid process has run its course, and does not readily commence anew, although relapses are frequently the consequence

of the retarded counter-action of the organism. Relapses are indeed less frequent under homœopathic than allœopathic treatment. In long-lasting chronic diseases, the counter-effects of antipathic remedies are, of course, more prejudicial than in acute diseases, the primary effects of the medicine being neutralized by its counter-effects, and a number of secondary symptoms being likewise occasioned by the medicine, which complicate the original disease and impede the progress of the cure. If patients who have been treated with large antipathic doses, afterwards wish to be treated homœopathically, it is advisable, if the case permit, to leave the patient without medicine for a time, in order that the organism may be allowed to recover itself from the irritating influences which had been brought to bear upon it, and may become more susceptible to the action of other remedies.

Chronic diseases which remain unchanged after using the most appropriate remedies, depend either upon some organic malformation, or upon some dyscrasia. Such diseases should be examined with the greatest care, and be treated by the antipsoric or eucratic remedies.

Spontaneous cures scarcely ever happen when the disease depends upon a dyscrasia. In the treatment of such diseases the totality of the symptoms is a more certain guide for the selection of a remedy, than in acute diseases, inasmuch as there is less danger of interfering with a beneficent reaction.

#### SECTION 97.

The efficacy of the homœopathic treatment in *inflammatory diseases* has been disputed so obstinately by the opponents of the new method, that a few remarks on that subject may not be out of place here. My opinions on the subject of inflammation have been derived from a careful and persevering study of the ancient and modern theories, and from the results which I have witnessed in the treatment of inflammatory diseases, according to the different views of pathologists.

Inflammation, whether local or reflecting a constitutional disturbance, is always characterized by pain, redness, swelling, and increased warmth of the affected part; the fever and other concomitant symptoms either depend upon a previously existing, more general disturbance of the organism, or upon the degree of sympathy existing between the organism and the local affection. *Hippocrates* thinks that inflammation is simply an accumulation of blood in parts which usually do not contain any. According to *Erasistratus*, inflammation arises from

the blood rushing into the small arteries, and disturbing the spiritual essence which they contain; *Celsus* coincides with this opinion. Afterwards the physiological character of inflammation became a subject of study, and, as a matter of course, the blood and its vessels attracted the principal attention. *Galenus* derives the accumulation of blood in the small vessels, and the effusion of blood into the cellular tissue, from congestion and obstruction of the vessels; *Boerhaave* from obstruction of the vessels in consequence of the viscosity of the blood; *Ludwig* from obstruction of the veins. Others have thought that inflammation depends upon the quality of the blood. *Sydenham* speaks of an inflammatory condition of the blood, without explaining it any further; *C. L. Hoffman* and *Wedekind* derive inflammation from a disposition to acidity and putrefaction. Some authors mention an inflammation of the blood itself, hæmatitis. Most authors suppose that an increased action is the essential character of inflammation. *Prevost* thinks that the essential character of inflammation is an increase of arterial action, with distention of the blood-vessels; *Hunter*, that it is a reaction of the vital force against stimuli; *Cullen*, that it is a spasmodic constriction of the arteries; *Bartels*, that it is an increased action of the capillary vessels which contain nothing but lymph in their sound state, accompanied with increased oxydation, which is likewise admitted by *Reil*; *Meckel*, that it is a local exaltation of the vital action; *Gmelin*, an increase of the reproductive power; *Wendt*, an increased action of the vascular system, on which account asthenic inflammations are impossible; *Walther*, a blazing up of a previously unknown vital fire in single organs; *Carus*, a locally appearing vascular or reproductive life; *Brandis*, an increased energy, with proportionate increase of vegetative action; *Kreysig*, an increased intensity of vitality. *Burserius*, *Gorter*, *Gantier*, and most other pathologists, agree with those definitions. *Stahl* considers the inflammatory process a salutary reaction for the purpose of preserving the body, an opinion with which *Hunter* agrees in some respects, in designating the nature of inflammation as a reaction of the vital force against stimuli. *Gruithuisen* entertains pretty much the same view of inflammation; according to this author, inflammation is an increase of the vital activity, preceded by depression.

In contradiction to all those opinions, some authors pretend that the essential character of inflammation, is a decrease of vital action. According to *Vacca*, for instance, it is a weakness of the capillary vessels; according to *Pistelli*, a diminished contraction and depressed activity of the vessels. *Gregory*,

likewise, inclines to that opinion ; according to him, debility, want of irritability, atony, are predisposing causes of inflammation. His opinion is derived from the fact that feeble subjects are most liable to inflammations. *Reil*, *Gruithuisen*, and many others, likewise admit that debilitating influences predispose to inflammatory diseases. That there should be such a variety of opinions about the essential nature of inflammation, is so much more astonishing, as no diseases are more frequent and have been observed and described with more perseverance than inflammatory. What is still more striking, is the fact that pathologists do not as yet agree about the diseases which belong to the inflammatory kind. *Marcus* says : every disease of the irritable system, from synocha to typhus, has an inflammatory character. *Fillippi* thinks that inflammation is the common source of all diseases. According to *Broussais*, all diseases are inflammatory ; and *Schænlein* says, likewise, that every disease might be considered a species of inflammation. *Lallemand* goes so far as to derive involuntary emissions from an inflammation of the seminal vesicles. Such a confusion of ideas cannot possibly be advantageous to science. It arises from the fact, that inflammation has been supposed to arise from the quantitative or qualitative relations of the inflamed part. This one-sided opinion cannot lead to any certain results.

#### SECTION 98.

The seat of inflammation is the capillary system. The well known microscopic investigations of *Vacca*, *Cruikshank*, *Wilson Philipp*, *Thomson*, *Hastings*, *Gruithuisen*, *Koch*, *Kattenbrunner*, etc., have shown that inflammation is characterized by stagnation of the circulation, dilatation of the vessels, subsequently alteration of the blood, and transformation of one portion of the organic substance itself into a pappy mass. These are permanent phenomena, occurring in every case of inflammation. Less permanent are the exudation of coagulable lymph ; the formation of new vessels and capillary nerves ; the more or less active reproduction of organic substance generally ; or, if the reproductive power should be entirely prostrate, and the inflammatory process should have the character of erysipelas, the gradual extinction of the vitality of the affected parts, with symptoms of gangrene and with formation of ichor. The focus of inflammation, is the capillary system, the lymphatic vessels being more or less involved. The original physiological character of the capillary vessels disappears, and is at times arterial, at others venous. The true nature of



the inflammatory process is, therefore, *to disturb the relation of indifference between artery and vein.*

The proximate cause of inflammation, is neither in the blood, according to *C. L. Hoffmann*, nor in the arteries, according to *Marcus*, nor, according to *Ludwig*, in the veins. It is in the source of animal life, the nervous system, the regulator of all vital functions; and more particularly in the capillary nerves which maintain the equilibrium between the arterial and venous action, and, in disease, induce a predominance of one or the other, with either synocha, erysipelas, or asthenia. *Bell, Hull, Wilson Philipp, Magendie, Flourens, Panizza, Bellingeri, John Müller*, and many others, admit the existence of that nervous influence. *Dugès* refers to the anatomical fact, that the ganglionic system of nerves which presides over the process of nutrition, is connected with the arteries, and that the terminal filaments of those nerves are lost in the walls of the finest vessels, so that the nervous substance and the substance of the arteries become one. The nervous arteries penetrate every tissue, are instrumental in the secretory process, and are the seat of inflammation. According to *Most*, the morbid affection passes from the nerve, which is the regulator of vital action, to the blood, and an opposite affection takes place, which counterbalances the nervous disturbance. That opposite affection is the inflammatory process. *Karl Unger* expresses himself as follows: every inflammation arises from an irregular direction of the vital force, occasioning in single organs or in a number of organs at once, alterations of the substance, which manifest themselves as abnormal secretions or new formations. According to *Baumgaertner*, a certain something which is active in the nerves, has an essential part in all vital functions. That something either occasions disturbances in other parts, or else is itself affected separately from other parts. In the former case, fevers and inflammation set in; in the latter, purely nervous diseases. According to *Marshall*, the vascular system owes its energy and vital power to the nervous system; hence nervous weakness is the most frequent cause of obstruction of the vessels. *Naumann* says: a violent irritation prevents the equal and harmonious extension of the nervous impulse proceeding from the centre. The nerve of nutrition is changed to a sentient nerve; the determination towards the brain increases in proportion as the action towards the periphery is diminished. The blood in the capillary vessels of the irritated part loses its vivifying properties in the same proportion, and those properties assume a hostile irritating character. *Sundelin* shows very clearly the influence of the nervous system upon digestion,

chyfication, and reproduction, the focus of which is the capillary system. According to *Hausmann*, inflammation arises from the action of the nervous system, particularly of the nervous power in the veins and transition-vessels between the arteries and veins, upon the blood. The influence of the nervous system upon the blood, is demonstrated by a number of phenomena. I mention the sudden blush induced by shame, and the pallor in consequence of fright. *Fabricius* shows the connection between the nervous system and miscarriage. *Wilson Philipp* shows the influence of the spinal marrow on the motion of the heart. I will not discuss *Laennec's* opinion that gangrene of the lungs is a consequence of depressed vitality, and not a termination of inflammation. Why should not inflammation and a depression of vital action, coexist? Violent inflammatory diseases are preceded by nervous affections, generally by a violent chill. Last winter, when peripneumonia was a prevalent disease in this district, I have frequently succeeded in cutting the disease short and restoring the patient to perfect health within twelve hours, if I was called to the patient during the chill. It is, indeed, not mathematically certain whether inflammation would have set in; but I will state the facts and mention the means which I used: in three cases, icy-cold water, a tablespoonful every five minutes; and in two other cases, characterized by sudden, excessive prostration and cadaverous paleness, a small dose of Arsenic. It is remarkable that pain sometimes precedes the inflammation, and, instead of arising from the swelling and from the pressure upon the nerves, is a primary affection of the latter. On combining the remarks which have been offered, and carefully considering the whole process of inflammation, there cannot remain a doubt that the proximate cause of inflammation is a *disturbed vitality of the capillary nerves*. As soon as the influence of the capillary nerves upon the parts with whose substance they are intimately interwoven, is disturbed, the capillary vessels either become arterial or venous, and the blood itself is correspondingly changed, exhaustion and depression of the reproductive activity frequently attending the inflammatory process, according as the nervous influence has undergone one change or another. On this account, inflammations may be sthenic or asthenic, and there is no reason not to set down as inflammatory diseases, all those which are characterized by local pain, redness, increased warmth, and swelling.

It has been pretty generally assumed that an increased sanguification is an essential symptom of inflammation. *Andral* goes so far as to substitute the term hyperæmia for in-

flammation, whereas *Cayol* shows that no traces of inflammation have been discovered after death, in bodies which had been visited with violent inflammations. There are still more convincing arguments against the supposition of an increased formation of blood; the most important of which is undoubtedly the fact that, in the most violent inflammatory diseases, with excessive orgasm of the blood, and where neither natural nor artificial depletion had taken place, no symptoms of orgasm or plethora could be perceived immediately after a crisis had set in. What could have become of the blood, if there was too much of it? On the other hand, if we consider how rapidly an inflammation sometimes sets in, it is difficult to comprehend how the blood could have accumulated in so short a time.

#### SECTION 99.

The opposition between the antipathic and the specific method of cure is nowhere more decided than in the treatment of inflammatory diseases. The former, upon the supposition that there is an excess of blood in inflammations, resort to processes of depletion, which are almost unanimously condemned by the partisans of the New School. Older physicians even, particularly *Asclepiades* and *Erasistratus* have pronounced against bleeding, and even Galenus, who frequently recommended venesection, says that it is not necessary in every turgescence, and that plethora can be removed by frequent bathing, exercise, and frictions. *Celsus* and *Forest* censure the immoderate resort to the lancet, and there have been physicians at all times who have pointed out the pernicious consequences of excessive bleeding. *Y. Seeds* says that water forms in the brain during profuse bleeding, and that the bleeding should never be continued until the patient's tongue becomes cold and the pupil immovable. *Speranza* has observed that the number of deaths among the pneumonic patients of *Brera* is proportionate to the number of venesections inflicted upon the respective patients. Of one hundred patients treated without bleeding, fourteen died; of one hundred treated with two or three venesections, nineteen died; of one hundred patients who had been bled from three to nine times, twenty-two died; and of one hundred who were bled more than nine times, sixty-eight patients died. According to the statistical list of *Weiglein*, in all those cases of inflammation that were treated according to the rules of the Brunonian School without bleeding, the crises set in later, the convalescence was more

rapid, and the transition into adynamic fevers was much less frequent. *Nehrmann* observes that the blood frequently became stagnant in the lungs in consequence of bleeding, and that the patients were threatened with suffocation. *Kühlbrand* mentions that persons who were suffering with intermittent fever, and angina pectoris, were speedily attacked with typhus, or with profuse secretion of mucus in the chest, after being bled one cupful only. In order to prevent such pernicious consequences, *Beddoes* employed strong stimulants immediately after bleeding.

In cases where depletion was of no avail, or where the patient was too feeble to lose much blood, leeches or cupping has been resorted to, to relieve the surcharged vessels. The relief thus obtained is of short duration, inasmuch as the afflux of new blood cannot be prevented. If there be any use in local bleeding, it is simply this, that the mass of blood is generally diminished. *Berres* has proved this conclusively, (see *Med. Annals of Austria*, vol. X.) *Somme* is quite right in saying that the loss of a few ounces of blood will not prevent the column of blood from carrying the morbid process to that spot. Even if one half of the whole mass of blood were taken from a man, enough would be left for a violent inflammation. Even the last drop might still be food for inflammation. I recollect that in the report of a certain post-mortem examination, it was said that traces of an internal inflammation had been discovered, which could not be controlled in consequence of the feeble condition of the patient preventing a sufficient abstraction of blood. The doctors ought rather to have stated the case thus: We, who do not understand the better method of curing inflammatory diseases without the lancet, have been unable to save this patient's life. Physicians are frequently placed in the unfortunate dilemma of either reducing the patient to a fatal debility, by bleeding, or of letting him die of the inflammation. My official position enables me to see a number of young men who are dismissed from the hospitals as convalescent; if they had been treated for inflammatory diseases in the usual fashion, by bleeding, they look like skeletons, and scarcely ever regain their strength. What immeasurable advantages the specific method offers in regard to convalescence! If the inflammation, pneumonia, pleurisy, &c., be cured, our patients are at once able to resume their ordinary avocations. In the last year I have treated, at least, forty patients for pneumonia, and have cured them all. He who has seen such brilliant results cannot help lamenting that emaciated individuals, if attacked with an inflammatory dis-

ease, should be deprived of their last strength by bleeding. *Robertson* advises to draw from forty to forty-eight ounces of blood at once in pneumonia. *Broussais* orders hundreds of leeches at once, and finds imitators. Posterity will sit in judgment over this vampyrism, and pronounce a terrible condemnation upon it.

## SECTION 100.

It may seem paradoxical to assert that every inflammatory disease depends upon an absolute or relative weakness of the vital force; this is, nevertheless, true. For if the vital force were strong enough, it would counterbalance, or overcome every morbid influence. There are organisms that are strong enough to resist almost any contrary influence. With this intensive power of the vital force, the manifestations of an extensive exaltation of the vital functions must not be confounded. In every morbid condition, even in adynamic fevers, where the pulse is frequently uncountable, single functions may be carried on with more rapidity. But if inflammation be caused by the disturbed vitality of the capillary nerves, resulting in an abnormal process of sanguification, the true remedy cannot be a one-sided diminution of the turgor vitalis in the capillary system; such treatment is merely symptomatic and palliative, and does not remove the cause. Venesection may be necessary

1. In those rare cases of true plethora, where the sensible sphere is overwhelmed by a profuse sanguification; and

2. In cases of congestion of noble organs, violent inflammation of the brain or lungs, where there is imminent danger of apoplexy in the former, and of asphyxia in the latter case. In these cases venesections simply avert the danger of a fatal retroaction of the morbid product, but do not cure the disease; this has to be accomplished by restoring the normal dynamic relation between the nervous and sanguineous systems. If this be not attended to, every drop of blood may be taken from a man without curing him. Every depletion diminishes the vital power, whereas the vital action of the organism should be rendered more intense in order to overcome the disturbing influence. *Brown's* method is to stimulate the vital action by his excitants. The increase of vascular excitement which frequently succeeds the use of those excitants, *Beddoes* endeavors to prevent by first bleeding the patient. This method is pursued by a number of other physicians; they first bleed, and then give *Serpentaria*, *Camphor*, *Moschus*, to repair the mischief.

According to the specific method, inflammations are cured by giving small doses of a remedy which is capable of realizing a similar inflammatory condition; such a remedy excites the vital energy intensively, and enables it to restore the true relation between the capillary arteries and veins.

Although this is not the place for special therapeutic rules, yet I may mention that *Aconite* is no universal specific for inflammations. *Aconite* is suitable to synochal inflammations of parenchymatous parts; *Bryonia* is the remedy when such inflammations threaten to assume the typhoid form; *Belladonna* corresponds to inflammations of the brain, and generally to inflammations characterized by excited nervous action; *Pulsatilla* to inflammations with a venous character; *Arsenic* to inflammations attended with threatening paralysis of the capillary nerves, and consequent disposition to decomposition of substance, and extinction of the organic life.

#### SECTION 101.

In the treatment of *mental diseases*, the specific method is very efficacious. This has been confirmed to me by abundant experience.

Inveterate mania, which has been getting worse from year to year, leaves very little hope, particularly when the patient had for years past a malicious, artful disposition. Melancholia is likewise incurable as long as the causes which influence the soul are not removed. According to Hahnemann, psora acts a principal part in those affections. This statement ought to be received with some allowance. There are cases where the brain suffers vicariously in consequence of a suppressed or disappeared eruption; in such cases, and indeed in every case of mental derangement, the treatment must be conducted with reference to the cause of the disease. According to *Heinroth* the soul is directly diseased; sin is the cause of that disease which arises from the connection established between evil and the soul. The soul has given itself up to evil, and is bound with the chains of darkness. According to *Friedreich*, the soul is the organic vital force which manifests itself in its highest form as an active principle through the most perfect material structure, the cerebral system. The soul itself cannot be attacked with disease, and the cause of physical diseases lies in the material structure. This difference of opinion seems to arise from the fact that disease and offended morality are confounded by those authors. A transgression of morality may take place without disease, but may

lead to disease. Remorse may occasion a real and even incurable disease. This disease, developing itself within the sphere of the senses, is a proper object for treatment. The object of this treatment is to remove the cause. Formerly the cause was supposed to reside in the blood, in consequence of which, bleeding was recommended by *Celsus*, *Avicenna*, *Alexander de Tralles*, *Paracelsus*, *Riviere*, *Riedlin*, *Hamilton*, *Spurzheim*, *Rusch*, and others. *Van Swieten* has seen bleeding followed by incurable idiocy, and a number of modern physicians, particularly *Amelung*, have either condemned bleeding altogether, or have restricted its use. For six years past I have not shed a drop of blood, and have cured a number of insane. Mental diseases are very frequently secondary consequences of diseases of the ganglionic system, of infarctions of the liver and spleen, where specific remedies are much more to the point than cathartics and injections.

Puerperal mania is generally accompanied with symphomania, although this seems incredible. *Robert Gooch* recommends venesection and cathartics for that disease. *Pulsatilla*, *Lachesis*, *Arnica*, *Cantharides*, *Platina*, etc., are much more efficacious.

I cannot give any special rules for the treatment of mental diseases. I must observe, however, that insane patients, and particularly monomaniacs, are frequently treated most cruelly. The attendants dispute with the patient, and require him to believe that he is mistaken. If he could believe this he would not be sick. It is true that a good deal of patience and self-control is required on the part of those who treat mental diseases; expressions of ill will destroy the confidence of the patient, and make the treatment unavailable.

#### SECTION 102.

In *complicated diseases* we require to find out whether they coexist accidentally and independently of each other, or whether one is caused by the other, or whether the several diseases have become so intimately united that a new morbid condition, with distinct and characteristic symptoms, has arisen from that union.

In the former case, the more important disease is to be removed first, then the less important. If a man, treated for herpes or itch, should be attacked with the influenza, with dysentery or pleuritis, the treatment of the chronic malady has to be interrupted until the acute disease is cured. If the disease which breaks out some time after the former, should be a mere

development of this one, the two diseases constitute an unit, and it would be wrong to treat each separately. Hahnemann teaches in his Organon that, if a medicine should only remove part of the symptoms, or should occasion a train of secondary symptoms, another remedy is to be chosen in accordance with the new group of symptoms, and that this course is to be continued until all the symptoms have disappeared. I cannot agree with Hahnemann in this matter. Only two cases can occur. The remedy either corresponds to the focus of the disease, or to the sympathetic affections. In the former case the patient, if not cured, must feel decidedly better. If the improvement cease, it is because the action of the remedy is exhausted; in this case the dose has either to be repeated, or else a new remedy has to be chosen which corresponds more closely to the new group of symptoms. In some cases sensitive organs are so powerfully affected sympathetically, that they remain sick even if the focus of the primary disease should be extinguished. In such cases the remaining symptoms should be treated as an idiopathic affection. If a remedy do not correspond in any degree to the focus of the disease, but merely to some of the sympathetic phenomena, it cannot accomplish any thing except to modify the form of the disease. On perceiving this, we should at once institute another and closer examination, and select a more appropriate remedy. Dyscrasias act an important part in complicated diseases, and impede the treatment of both acute and chronic diseases. Acute, or even inflammatory diseases of persons who had been ever so little affected with herpes, frequently resist all treatment, until a dose of Sulphur or Lycopodium, or some other appropriate antipsoric remedy is given, after which a rash-like erythema frequently makes its appearance, when the acute affection yields at once to the ordinary treatment. This is likewise the case with chronic diseases. Figwarts frequently do not get well without a few doses of sulphur, and, if a scrofulous child be attacked with the itch, the latter has to be removed first, before the scrofulous affection can be arrested.

### SECTION 103.

*Swoons, apparent death*, and similar conditions where the vital action is quite prostrate, requires the momentary use of stimulants. Paroxysms of asphyxia in children have indeed been cured with Chamomilla, which I have likewise successfully used in asthma thymicum, as long as consciousness had not entirely gone, and no fainting had set it; *Petroz* speaks



very highly of Bovista in attacks of asphyxia from the vapor of coal, and of the Solanum mammosum in the asphyxia of drowned persons. *Elwert* and *Heichelheim* have cured apoplexy with Opium, Belladonna, and Cocculus. *Malaise* has cured a case of apoplexy with paralysis of the left side with one dose of Belladonna, in twelve hours; the patient was a young man. In all those cases the reaction had not yet ceased. But when there is a perfect collapse of pulse, and the breathing has stopped, the volatile stimulants have to be resorted to to rouse the vital action. *Hartmann* lays down excellent rules for such a contingency in his treatise of acute diseases. There are cases where a little bleeding may be necessary, not to diminish the mass of blood, but to excite the circulation. If, after the vital energy is roused, consequences of the attack, paralysis or convulsions, etc., remain, well-chosen specific remedies will remove them.

#### SECTION 104.

The *derivative method* has enjoyed great repute for several thousand years past, and, with much evil, has done some little good. It is not my intention to defend cathartics, moxæ, setons. I confess, however, that I never hesitate to avail myself of all the means at my command, to relieve the patient. In measles and rubeola, when the eruption was slow to come out, when oppression of the chest, anguish, and restlessness, with unequal and spasmodic pulse were present, I have not hesitated to apply a sinapism to the chest, which generally brings out the eruption in a couple of hours, and changes the whole scene. When dangerous symptoms set in, in consequence of the sudden suppression of tinea capitis, I do not hesitate to cause the head to be washed with mustard-water; in asthmatic difficulties, consequent upon the indiscreet suppression of old ulcers of the feet, I cause the cicatrices to be covered with an ointment of tartar emetic, or cantharides, or to be acted upon by the vapor of hot water, in order to excite the wound and draw blisters. I do not hesitate to employ warm foot-baths in violent congestions with vertigo and stupefaction, hand-baths in excessive secretion of milk; in sudden suppression of habitual sweat of the feet, I have them placed in hot sand, and socks of oiled-silk put on. *Hahnemann* first recommended to apply pitch-plasters to the back, but rejected them afterwards. I have used them frequently, but have never derived great benefit from them. On the other hand, I am convinced that it would be unwise suddenly to close an

issue that has been running a long time. Counter-stimulants are likewise useful in some cases. In hundreds of cases of injuries of the head, with more or less violent concussion of the brain, I have used applications of cold water, or ice and snow, with incalculable benefit, and have, moreover, convinced myself that such applications do not interfere with the action of Arnica administered internally. In croup, *Griesselich* has a sponge soaked with hot water applied to the throat, at the same time that he uses internal remedies. Why should not local relaxing applications be made to highly inflamed parts with excessive tension?

#### SECTION 105.

*The magnitude of the dose is a subject of great importance.* Opinions on this head differ a good deal. I have devoted the most careful attention to the subject of doses, and consider myself entitled to lay the results of my experience before my readers. The lowest as well as the highest preparations have been recommended as normal doses. Either of these two extremes is condemnable. There are no normal doses. It is likewise false that any dose, were it ever so small, is yet powerful enough to overcome the morbid influence. *Schmid* of Vienna gave his own child, who was dangerously sick with the smallpox-fever, the fourteenth potency of Belladonna, which was the remedy indicated. The danger, however, augmented steadily, and the exanthem would not make its appearance. Schmid, who was convinced of having selected the right remedy, now gave a drop of the first attenuation, after which the fever abated very soon. I have seen similar results in a number of cases, even a few days previous in a case of venous metrorrhagia, where the sixth attenuation of Crocus had no effect whatever, and where one drop of the second attenuation manifested the most beautiful results after the lapse of ten minutes. In a case of dyspepsia with vomiting the third attenuation did no good; three drops of the first attenuation, in a cupful of water, a tablespoonful every two hours, effected a rapid improvement. Experience like this has induced many physicians to give larger doses under certain circumstances. Other physicians advocate the exclusive use of the higher attenuations. Some even give medicines only by olfaction. Very sensitive, hysteric females are, indeed, affected by merely smelling of the medicine, but the reaction occasioned by olfaction is very fleeting at any rate. If different systems and organs be affected, the cure is promoted by giving two remedies, one of which corresponds to one and the

other to the other affection, in alternation. Digitalis and Nuxvomica, for instance, may be given alternately in a complication of pneumonic and gastric symptoms, Sulphur and Nuxvomica in chronic abdominal complaints. Some physicians are indifferent to the magnitude of the dose. It has been asserted that the dose is of not much consequence, and that cures can be performed with large doses as well as small ones, provided the remedy is exactly specific to the disease. Physicians who reason in this way, must overlook all physiological laws. The followers of every school have made it a rule to determine the magnitude of the dose by the irritability and reactive power of the organism. *Tournier* says that the irritability of the organism is a very uncertain standard for the magnitude of the dose. It is, indeed, no mathematical demonstration, but by combination and reflexion we have been enabled to discover whether the sensibility of the organism is increased or diminished, and whether much or little medicine is required to affect the diseased part. *Bethmann*, who is on the side of the small doses, says: The susceptibility of the organism to medicinal action differs in different individuals; the magnitude and repetition of the doses depend upon that susceptibility. *Fielitz* advises to regulate the dose according to the susceptibility of the organism. *Backhausen* is of the same opinion. *Werber* expresses himself very clearly, thus: Every disease requires a proportionate quantity of medicinal action, in order that the organism should not be excited too violently or too feebly. *Trinks* and *Rummel* likewise speak of the necessity of graduating the dose. These quotations will suffice. It remains for me to show by what circumstances the magnitude of the dose should be regulated.

#### SECTION 106.

*When the organism is exceedingly sensitive to medicinal action, smaller doses are required than if the contrary were the case.*

All experienced practitioners agree on this point. Physicians who possess a knowledge of physiology, know, likewise, that sensibility and reactive power do not always go apace, and that they frequently hold inverse relations to each other. The magnitude of the dose is always regulated by the degree of sensibility. The following points have to be considered in determining the dose.

1. Age. The sensitiveness to heterogeneous medicinal influences is most intense in children, and diminishes as man

grows older. Hence children require less medicine than old people. There are exceptions to this rule. Growing individuals are particularly sensitive, and the greatest sensitiveness is possessed by organs engaged in the process of evolution; medicines which are specifically related to those organs have to be given in small doses.

2. *Constitution.* The higher attenuations are particularly suitable to persons with a sanguine or choleric temperament. More massive doses are required for phlegmatic and torpid constitutions, and are more especially necessary in the case of persons who have blunted their sensibility by the excessive use of brandy, wine, coffee, tea and spices. There is a constitution which Hufeland designates by the appellation of torpid vigor. It is characterized by great muscular strength and an energetic reactive faculty, which, being little sensitive, requires to be roused by powerful stimuli. People who have such a constitution, bear large quantities of spirituous drinks without getting intoxicated. They likewise require larger doses of medicine in case of illness.

The constitution is decidedly influenced by climate and mode of life. According to the reports of physicians, the people of Petersburg in Russia require larger doses than the inhabitants of southern regions. I know from my own experience that Frenchmen, Spaniards and Italians are more easily effected by medicine than Englishmen. The sensibility is increased by mental occupation, excitement of the fancy, novel-reading, sedentary life, long sleeping, and effeminacy of any kind. Less sensitive are those who do heavy work in the open air, sleep little, and live on coarse food. I have observed that tobacco-chewers and persons who work in tobacco-manufactories have very little sensitiveness to the action of medicine. The sensibility is likewise diminished by living in drug-shops, vinegar and brandy distilleries. Individuals who have been dosed with a variety of drugs, particularly metallic drugs, bear and require much larger doses.

The female sex is generally more sensitive to medicine than the male; the latter possesses more reactive power. *Mansfeld* and *Majors* have observed that the deaf and dumb require larger doses of medicine. According to their experience the whole nervous system of such patients is too dull to be easily stimulated by heterogeneous atmospheric or other influences. A higher degree of temperature, which would increase the pulse of persons with sound hearing by sixty, increased it only by twenty beats in deaf persons.

3. *Nature of the disease which we are called upon to*

*treat.* The rapidity with which the disease runs its course, is a matter of little consequence; the rapidity of that course may depend upon the increased rapidity of the vital process, as well as upon the complete collapse of the vital functions and a complete dissolution, as in the worst form of cholera. In the former case the high, in the latter the low attenuations are preferable. The former are suitable to an erethic condition of any kind, the latter to torpor. *Werber* has cured hydrothorax in old people with the tincture of *Digitalis*, *Reubel* the cholera with whole drops of the tincture of *Phosphorus*. In inflammatory affections of the meningeal membranes with convulsions, in the case of children, I have seen the most remarkable curative effects from the forty-fifth potency of *Belladonna*. In typhus versatilis the twentieth, even the thirtieth attenuation of *Bryonia*, *Belladonna*, *Rhus*, *Phosphorus*, etc., may be of great benefit; whereas in typhus stupidus and putridus, massive doses of the proper remedies, *Hyosciamus*, *Coccus*, *Phosphoric acid*, *Cuprum*, *Mercurius* and *Arsenic*, are required. In inflammatory diseases with increase of arterial action, the higher attenuations act best, in venous inflammations the lower. The same remark applies to hæmorrhage. *Crocus*, which corresponds to venous hæmorrhage, is given lower than *Sabina*, which is more suitable to arterial hæmorrhage. Some very respectable authors pretend that the higher attenuations are more suitable to acute diseases, and the lower to the chronic. This cannot be considered a general rule. The proper standard for the regulation of the dose is the higher or lower sensibility of the organism.

4. *Seat of the disease.* The more sensible the affected organs, the smaller ought to be the dose, and vice versa, provided the sensibility of the organ is not entirely prostrate. In erysipelas of the head, involving the cerebral membranes and causing delirium, one drop of the third attenuation of *Belladonna*, with which we cure erysipelas of the foot, would be a dangerous dose. In carditis I have never given lower than the thirtieth attenuation of *Arsenic*, although I give much larger doses in hydrothorax and œdema of the lungs. In diseases of the mucous membranes, which are inferior tissues, we require to give larger doses. In croup I give the sixth attenuation of *Aconite* and *Spongia* with the best success, and *Hepar sulph.* in the first or second trituration. *Ægidi* uses the same attenuations in that disease. We may consider it a general rule, that in diseases of the vegetative system stronger doses are required, unless the character of those diseases should be erethic or inflammatory, as in phlegmonous inflammation of the sto-

mach, in enteritis, cystitis, etc., where the higher attenuations are the most suitable.

In the so-called local diseases, which do not affect the organism generally or affect it but very little, for instance in old, callous ulcers of the feet, in tinea capitis, otorrhœa, leucorrhœa, glandular indurations and adventitious growths, massive doses deserve a preference. Of great importance is—

5. *The inherent strength of the medicines.* The more powerful the medicines are naturally, the greater the necessity to employ them in high attenuations, and vice versa. No experienced practitioner doubts that Belladonna, Nux vomica, Lachesis, Phosphorus, and Arsenic, are still efficacious in the twentieth or thirtieth potency; whereas the higher potencies of other drugs, such as Euphrasia and Taraxacum, would be of very little use.

6. *The affinity of medicines for single organs* deserves special consideration. The greater that affinity the more powerful the action of the medicine. This subject has already been adverted to by Kopp, and Liedbeck has observed that ulcers of the fauces can be cured with the thirtieth potency of Mercury; whereas ulcers of the genital organs require much lower attenuations. Clematis requires to be given in much larger doses for cutaneous eruptions than for orchitis; rheumatic paralysis requires to be treated with larger doses of Belladonna than meningitis or angina faucium. Aconite has great affinity for the throat and respiratory organs, but not for the liver; and, in violent hepatitis requires to be given more frequently and in larger doses than in angina, pneumonia, or pleuritis. We must not overlook—

7. *Idiosyncrasies*, on account of which certain medicines have no effect in some and violent effects in other individuals. Some years ago a patient consulted me for some abdominal difficulty, telling me at the same time that he could not bear Nux vomica, and that it caused him anguish, palpitation of the heart, coldness of the limbs and viscid sweats. Supposing all this to be mere fancy, I gave him Nux, which was the suitable remedy. Two hours after, the patient sent for me and told me: you have given me Nux, for I suffer with all the symptoms I mentioned to you. The patient had to take black coffee to counteract the symptoms.

8. *In some cases, small doses of well selected remedies have no effect.* If this be not owing to idiosyncratic influences antipathic to the action of the remedy, larger doses will certainly act. It is supposed by some, that the essence of the homœopathic system of cure is to give small doses, and that a

larger dose is not homœopathic. If the remedy be chosen in accordance with the principle "*similia similibus*," the treatment is homœopathic, whether the dose be large or small. If alloëopathic physicians pretend to treat homœopathically on account of giving little or no medicine, this simply shows that they do not know any thing about our doctrines, and are very poor practitioners. In the enanthiopathic method it is frequently necessary to give large and powerful doses, and if a physician do not dare to act up to his principle, his timidity is a conclusive proof that he is not sure of his business.

#### SECTION 107.

*The repetition of the dose* is a subject that has excited much discussion in our school. At one time Hahnemann taught that medicines act a definite number of days and weeks. Some of his disciples pretend, moreover, to have observed that certain remedies produce a revolution in the organism four weeks after being taken, and that at such a period violent symptoms make their appearance for a time. Calm and careful observers never discover such revolutions. Cures have been recorded where the medicine has been said to have acted two or three months. A medicine may produce an improvement, and this improvement may last months or even years; but, if a recurrence of the original symptoms take place at the end of such a period, it would be wrong to infer that the medicine had been acting all the time. Large portions of a drug do indeed act a long time, sometimes for months and years. *Helbig* mentions a case where an ounce of the tincture of Ambra acted for months. I recollect having removed a placenta which had remained in the uterus and had become putrid. The smell was horrid. Every morning, for six weeks in succession, I had the same sensation on my tongue which that odor had first occasioned. If small doses of a medicine act as long as they do in some cases, the duration of that action depends upon some idiosyncrasy. It is impossible to state a priori how long a medicine will or ought to act; the duration of the primary action and the period when the counteraction will set in, depend altogether upon the individuality of the organism. Independent observers generally agree that medicines do not act as long as has first been supposed, and that the action of the remedy had better be kept up by repeating the dose. Some homœopathic practitioners abuse this privilege, and are even more officious in giving medicine than physicians of the Old School. It is such an easy thing to fall from one extreme into another. We

have no definite rules of practice ; my own rules, which have been suggested by experience and observation, are as follows :

1. I repeat the dose if the violence of the disease have simply abated without the character of the disease being essentially changed ; and if I am satisfied that the improvement has remained stationary.

2. If a repetition of the dose be not followed by a new improvement, the dose has not only to be repeated but at the same time to be increased, provided, as before remarked, that the remedy is still indicated. This maxim has been followed by the physicians of every school ; for it is well known that the organism gradually loses its susceptibility to the same external influence, until finally all reaction ceases. The organism may even become accustomed to poisons. Arsenic had no effect on Mithridates, and opium-eaters have to increase the quantity to feel the effects of the poison. Why should we not avail ourselves of this experience in our practice ? I refer to *Werber's* excellent remarks in the first volume of the *Hygea*. It has frequently been observed that the first dose of a remedy occasions an aggravation of the symptoms which is not observed after subsequent doses. *Schindler* advises to repeat the indicated remedy until reaction sets in, and then to wait until the reaction ceases. This seems good advice. Unfortunately it is impossible to lay down rules for one who has no practical talent and no powers of observation.

3. In acute diseases, such as violent inflammations, where the vital functions are accelerated, and in adynamic putrid fevers, where the vitality of the organism is rapidly sinking, the medicine has to be given more frequently than in chronic disorders. In the Asiatic cholera the dose has been repeated every fifteen or even every five minutes. In violent inflammations I give the Aconite every hour, and in meningitis I give the Belladonna every half hour. According to *Ægidi*, the medicine may be repeated every hour in acute, and every twenty-four hours in chronic diseases. Much depends upon the system or organ which is affected. Where there is a high degree of sensibility and functional action, the effects of the medicine are less lasting. In general terms the rule is to watch the effects of the remedy and to act accordingly. In acute diseases the effects appear much sooner than in chronic. If, in acute diseases, the medicine do not act within one hour, I consider this a proof that it is not the remedy, or that the dose was too weak. Even in chronic diseases a well-selected remedy ought to show some effect in twenty-four, or, at any rate, in forty-eight hours.

4. The dose should not be repeated if the medicine have



produced an essential change in the symptoms. *Hering* observes that the vital force has then exhausted its counter-acting energy in that direction, and that a second dose would then do injury. I do not believe that any injury would arise from such a repetition, nor do I, on the other hand, believe that any good would come out of it. The medicine should never be continued when a disease has passed into another stage, for instance in typhus, when it passes from the catarrhal into the typhoid stage; in that case other remedies have to be selected in accordance with the change of symptoms.

5. The same remedy should not be continued too long at a time, not even in chronic diseases; even if the dose were increased the organism would cease to react against it. In such case another remedy should be given for a time, as nearly as possible in accordance with the symptoms, after which the former may again be resorted to.

6. The smaller the dose the less durable its action. This is another reason why the high preparations should be repeated more frequently than the lower, particularly in acute diseases.

#### SECTION 108.

A good deal has been said of *homœopathic aggravations*. Such aggravations of the symptoms are supposed to occur very frequently in consequence of the excessive action of the specific remedy. It has been asserted by some that a certain aggravation of the symptoms is necessary to excite the counter-action of the organism. This is denied by some, and, indeed, justly so, for we know from experience that the cure generally takes place without such an artificial commotion of the morbid state. In the following paragraphs I will communicate the results which I have derived from my own observations, and those of other physicians, in regard to medicinal aggravation of the symptoms.

1. Aggravations do frequently occur after the administration of a homœopathic agent; such aggravations are sometimes very violent. *Gross* has observed aggravations after *Pulsatilla* for digestive disorders; after *China* for nervous debility; after *Bryonia* for pleuritis; after *Hyosciamus* for convulsions; after *Crocus* for metrorrhagia. *Stapf* has seen aggravations after *Spigelia* for affections of the eyes; after *Rhus* for an eruption in the face. *Rückert* has seen spasms aggravated by *Bryonia*, and *Hartmann* cardialgia by *Pulsatilla*. In treating dysentery with *Colocynthis*, *Wolf* observed that the number of evacuations first increased for

several hours. *Dupré-Deloire* saw an aggravation of the symptoms after the exhibition of Sulphur for hæmorrhoidal colic; the aggravation lasted about an hour, when the pain disappeared. *Rummel* speaks of an aggravation produced by smelling of Bryonia. *Schindler* saw an aggravation of headache and prosopalgia after the use of Belladonna. I have frequently seen such aggravations, particularly in neuralgic affections. Aggravations have frequently been observed after the higher attenuations, a fact which has given rise to the opinion, that those attenuations are not sufficiently powerful to excite the curative reaction of the organism. This may be true in some instances. Credible practitioners, on the other hand, assert that the most dangerous aggravations take place from large doses. *Kopp* relates a case of hæmoptoe where a daily dose of the tincture of Aconite aggravated the complaint very much, which was afterwards cured with the eighteenth potency of the same remedy. *Kopp* likewise relates that the sixth attenuation of Stannum proved useful where the third aggravated the disease. In a case of laryngeal phthisis related by *Schræn*, a lower attenuation of Spongia produced an almost fatal aggravation of the symptoms. Such and similar results have determined me to be exceedingly cautious in the selection of a remedy, and to employ the higher attenuations in all erethic diseases of delicate and important organs, in inflammations of the brain, heart, lungs and stomach, in active arterial hæmorrhage, etc.

2. It frequently occurs that new symptoms set in after the exhibition of a medicine. These symptoms are frequently mistaken for a homœopathic aggravation. *Hirsch* has seen hæmoptoe set in in phthisis after the exhibition of Phosphorus. *Griesselich* tells us that the exhibition of Nux vomica for toothache was followed by oppression of the stomach, bloatedness, nausea, dullness of the head and vertigo. He likewise mentions a number of new symptoms, as having made their appearance after the administration of Arsenic and Sulphur. *Hering* has seen bilious vomiting supervene after giving Arsenic for black-blue itch-pustules. *Werber* and *Elwert* likewise mention a number of new symptoms succeeding the use of homœopathic remedies.

The appearance of new symptoms shows that the organism has been acted upon, and invites the physician to renewed attention. Sometimes weariness and drowsiness set in, and a little sleep is followed by the restoration of health. In other cases there is an increased exhalation from the skin, and an augmented secretion of urine. Sometimes we are told by the

patient and his attendants that the medicine has had no effect; but upon careful inquiry, we find that it has had an effect. Very frequently the patients experience a drawing and creeping through the limbs, particularly through the affected parts, or they feel a dullness and pain in the head, vertigo, itching of the skin, and great weariness, with a sensation as if bruised. Organs at a distance from the real seat of the disease are sometimes sympathetically affected with more or less violence. Phenomena of sympathetic suffering are always desirable in uncertain cases; even if they do not lead to a cure, they disclose the character of the disease, and enable us to select the true curative agent. It requires a good deal of close observation to determine whether nothing should be given on the appearance of new symptoms, or whether the medicine should be repeated or replaced by some other more appropriate remedy.

#### SECTION 109.

Hahnemann has laid much stress on the period of the day when the medicine should be taken. His advice is not to give the medicines at the time when they manifest their primary effects. I have frequently found that *Belladonna*, *Pulsatilla*, and *Chamomilla*, disturb the sleep if taken in the evening, and that *Nux vomica* acts best when taken shortly before bed time. In urgent cases the medicine has, of course, to be given on the spot.

According to Hahnemann, the early morning is the best time for taking the medicine. It is true that the sensitiveness of the organism is greatest in the morning. But the action of the medicine is so easily disturbed in the daytime by heterogeneous influences, that I prefer giving the medicine at night.

It has been asked whether, in remittent diseases, the medicine should be given before, during, or after the paroxysm. I am satisfied that the medicine may be taken at any time, even during the occurrence of the paroxysm, and that at such a time the susceptibility of the organism to the action of medicine is greatest. No one would hesitate to exhibit a remedy during the most violent attack of cholera, profuse hæmorrhage, or during a convulsive paroxysm. *Griesselich* thinks, that in dysentery the remedy should be given after every evacuation, and in whooping-cough, after every paroxysm of cough. I have frequently found this advice useful, and have, likewise, followed it in fever and ague, where I give one dose two hours previous to, and another dose of the same remedy two hours after the paroxysm, giving the second dose a little stronger, on

account of the exhausted condition of the organism. In menstrual colic, several doses of the suitable remedy should be given during the precursory symptoms, and should likewise be continued during the paroxysm. Homœopathic remedies may likewise be given during the catamenia; it is only violent enanthiopathic and cathartic medicines that should be avoided at such a period. I ought, however, to observe, that the female organism is more sensitive during the catamenia, and therefore requires smaller doses at such a time. In chronic ailments of the vegetative system, where larger doses are required, it is therefore expedient to postpone the exhibition of the medicine until the cessation of the menstrual flow.

#### SECTION 110.

I will devote this chapter to a few remarks on *palliative treatment*.

From time immemorial it has been customary to combine the curative and palliative treatment, and to attend to the palliation of the symptoms alone if a cure was impossible. None but unfeeling men can condemn that proceeding. There was a time when incurable syphilitic patients were destroyed by artificial means, or when patients attacked with hydrophobia, were suffered to die of a gradual loss of blood. It is reported of Napoleon, that on his retreat from Egypt he caused the sick who remained behind in the hospitals to be killed by poison, in order to save them from the cruelty of the pursuing enemy. The humane physician cannot imitate such examples. But all will agree, that we are bound to mitigate the sufferings of our patients if a cure be no longer possible. We ought to guard, however, against the frequently pernicious error of prescribing a remedy for a single troublesome symptom at the expense of the general treatment. Such errors are, for instance, the suppression of a salutary diarrhœa, or of an habitual sweat of the feet by means of astringent local applications, the violent arrest of a hæmorrhoidal discharge, the desiccation of old ulcers on the feet by means of lead-ointments or washes, or the suppression of herpes by similar means. Even recently, I was called to a young lady who had been affected with herpes, and completely lost the enamel of her teeth in consequence of the violent suppression of herpes by some ointment, probably a mercurial ointment. The application of leeches, in debilitated individuals, for the purpose of relieving the pain attendant upon some local venous inflammation, is an unpardonable offence; relief is, indeed, obtained

momentarily, but the distress is so much greater afterwards. It is still more inexcusable to relieve pain by opium which is not suitable to the general condition of the patient. Sometimes opium is given for sleeplessness, or to relieve violent pain, and removes the whole disease, if the drug happen to be homœopathic to the symptoms. In other cases, the first dose of opium procures a feeling of blissful quiet. The patient expresses his gratitude for the refreshing sleep which the opium had procured him. The physician flatters himself with the deceptive hope of having found the specific remedy. He gives another dose of opium, but soon finds that the dose has to be increased. The patient is tormented by fancies which do not allow him any rest. He tosses about in his bed, feels sleepy but cannot sleep, starts up as in affright after a short slumber, and finally sinks into a sort of stupor, which continues even in the daytime, and is accompanied with an indescribable feeling of weariness and prostration. Besides this, other disagreeable symptoms make their appearance, constipation for instance, for which new remedies have to be prescribed. If the patient's vitality do not succumb under such conflicting influences, and he finally recover, it will take him a long time to get rid of the consequences of such unwise treatment. In the homœopathic method of treatment, a remedy is not given for one symptom exclusively, but for all the symptoms collectively. Remedies chosen in accordance with the totality of the symptoms, sometimes palliate merely, particularly in cases which prove incurable; but such palliatives can be repeated without prejudice; on the contrary, the patient's distress will be relieved by them. My friend and neighbor, Dr. *Glaser*, lost, several years previous, his only boy, with inflammation of the brain, and subsequent effusion. There was no hope of saving the child, but it was important to moderate the convulsions. This was accomplished by means of small doses of Belladonna, under the influence of which the child died, apparently without much suffering. In a case of incurable cancer of the womb, I have afforded more relief with small and repeated doses of Pulsatilla, *Secale cornutum*, and *Laurocerasus*, than could have been accomplished by means of opium. Homœopathic palliatives are vastly superior to the usual antipathic anodynes.

There are many other palliatives which ought not to be neglected, although they do not come under the appellation of homœopathic remedies. Such palliatives are the inhalation of the vapors of warm water, to relieve the troublesome dry cough of patients affected with tuberculous phthisis; warm fomenta-

tions of the chest in spasms of the respiratory organs; applications of cold water, snow, or ice to the head, in incipient or fully developed encephalitis; frictions with dry flannel on limbs suffering with rheumatism; frictions with warm oil in cases of acute rheumatism and ascites; injections of water or milk, water and oil, in cases of violent constipation; warm baths in a number of cases; hand and foot baths in congestion of blood to the upper parts; sinapisms and horse-radish plasters to the calves in violent delirium; the lancing of the gums when convulsions threaten to set in in consequence of the difficulty which the tooth encounters in rupturing the gums; the introduction of the vapor of warm milk into the violently inflamed and suppurating ear; the use of warm gargles in cases of inflammation of the uvula or tonsils with accumulation of mucus in the posterior parts of the buccal cavity; warm poultices to abscesses, in order to hasten the process of suppuration; carrot-poultices to painful cancerous ulcers; the application of a plaster of wax and tallow to open abscesses, or of brandy and water to bed-sores that threaten to become gangrenous, or of oil and the yolk of an egg when such sores are inflamed and painful. A physician who signs himself R., in Thorer's Practical Communications, Vol. III., p. 200, gave Lachesis internally in the case of a man who had been bitten by a viper, and had fresh cabbage-leaves applied to the wound. Any palliative which does not interfere with the general curative treatment, and is known to relieve suffering, ought to be and will be used by physicians who are not blinded by party spirit or sectarianism, and value the consciousness of having been instrumental in mitigating the sufferings of their fellow men.

#### SECTION 111.

*Patients under treatment, must regulate their diet accordingly.*

The most violent opponents of the specific healing art are willing to admit that the author of homœopathy has shown the necessity of regulating the diet of our patients. They go, however, too far, in asserting that all the good that homœopathy has ever accomplished, is to be attributed to the rigorous diet which homœopathic patients are directed to pursue. Of course, if a man have lost his health by excessive eating and drinking, and have not ruined his constitution, the best and safest way to restore it, is, by subjecting himself to a proper diet.

Hahnemann's first dietetic rules were exceedingly rigorous.

He assumed that an individual under treatment must be restricted to the use of only those things which are purely and absolutely nutritious. Hence every thing which has any medicinal action, such as asparagus, celery, and parsley, which promote the secretion of urine; onions, which favor the exhalation from the skin; caraway, which has some narcotic properties, etc., was strictly forbidden. Coffee, tea, wine, brandy, spices, acids, pork, water-birds, young meat, were likewise interdicted. The homœopathic diet was not only very hard, but even inconvenient.

It is true, that a mode of life which is carefully regulated according to Hahnemann's instructions, increases the susceptibility of the organism to medicinal action to a high degree. But it is not without some disadvantage. The irritability of the organism frequently becomes so excessive that the heterogeneous influences with which we are unavoidably surrounded, affect the organism very painfully. The sense of smell becomes so acute, that the perfume of a flower, the smoke of a cigar, the odor emanating from an old book, are offensive. Moreover, the sudden and complete deprivation of stimulants to which the organism had been accustomed for years, is injurious. An old man, who has been in the habit of drinking wine or a little brandy every day of his life, cannot be deprived of it without feeling weak and exhausted. Why should a little wine or brandy be more injurious than smoking, which is allowed, to some extent, by all homœopathic physicians?

Eight years ago, I took charge of an old man who had been suffering for a long time past with cardialgia and other symptoms of derangement of the digestive organs, and resorted to homœopathy in despair. I restricted him to the usual rigorous diet. After he had been under treatment eight days, he was much improved. On one day I visited him when he was taking his supper, which consisted of bread and butter, Bologne-sausage, and half a bottle of wine. When I expressed my astonishment at this transgression of our dietetic rules, he replied: This has been my supper for thirty years, and will be ever after. He recovered entirely, in spite of his wine and sausage. *Widmann* observes very correctly, that the action of homœopathic medicines is too certain to be easily disturbed by a slight dietetic transgression. On the other hand, it would be foolish to neglect the diet entirely; but all fastidious and pedantic observance of our dietetic rules is unnecessary.

#### SECTION 112.

In acute diseases it is important to keep a rigorous diet. Patients do not care much about nourishment in those dis-

eases, and find it therefore very easy to comply with the strictest dietetic rules. Coffee, tea, wine, spices, and any thing that has medicinal properties, have to be avoided. Meat can scarcely ever be allowed. Barley and oatmeal gruel, which has been recommended by Hippocrates much too generally, is not always suitable, particularly in gastric affections where slimy and nutritious substances lie heavy on the stomach. The old rule, *sequare naturam*, is the best in acute maladies. If there be an aversion to food, let the patient do without it until he feels a desire for it. This rule is likewise applicable to beverages. Nothing is more cruel than to let a patient suffer thirst. *Asclepiades* denies fever-patients any kind of drink, and will not even allow them to rinse their mouths. Ancient practitioners generally would not allow drink until the temples became moist and the patient commenced to perspire. Afterwards when the maxim prevailed, "*aut bibere aut mori*," patients were tortured with drink in order to dilute the humors and to promote the critical secretions. Neither extreme is proper. Some people still dread the cold water, and deny patients the use of it as a drink. And yet cold water is the most refreshing and most useful drink, and is preferable to any artificial beverage. It is only in inflammations of internal organs, of the throat, lungs, stomach, intestinal canal, that cold water might prove hurtful by its contractive property. Nevertheless it may even be allowed in such diseases, provided the patients will take it by the spoonful, and will keep it in the mouth until its coldness shall have abated. It may be made palatable by mixing with it a little raspberry, cherry, or mulberry syrup. Water acidulated with vinegar can scarcely ever be allowed in acute diseases, inasmuch as vinegar counteracts many of our medicines. In acute fevers where the tongue and lips are parched, and the teeth have become black, the patient, if he should crave something refreshing, may take a teaspoonful of a mixture of orgeat and the juice of cherries, mulberries or sweet oranges; this composition is exceedingly refreshing, and does not counteract the medicine. Lemonade may be allowed in some cases. In diseases of long duration the patient ought to be allowed various beverages, lest he should get tired of using the same beverage all the time. There are many kinds of pleasant drinks which the patient may be allowed, such as a decoction of dried apples or peaches, a lemonade prepared of sweet oranges or of the recently expressed juice of ripe grapes, a decoction of dried cherries or plums, a simple panado, orgeat, buttermilk, water and milk, etc. Among the lower



classes there is a prejudice that patients ought not to be washed, and yet cleanliness is of the utmost importance. It depends upon circumstances whether the patient ought to be washed with cold or warm water. Fresh air is likewise necessary ; it may be let into the sick-room by carefully opening the window, or by means of ventilators. Fumigations of any kind are to be interdicted.

Wherever circumstances permit, the patient ought to be kept in a high and spacious room, the linen ought to be frequently changed, and quiet, with careful nursing, ought never to be wanting.

### SECTION 113.

In chronic diseases there is less occasion for a strict diet. However the rules should be precise and adapted to the condition of the patient. The following general rules will be found sufficient.

1. Alter the patient's mode of life as little as possible, particularly in relation to things to which the patient had been accustomed for years past. Generally such things have ceased to be hurtful. Most patients find it particularly difficult to do without coffee, for which it is difficult to find a substitute, particularly in persons inclining to costiveness. This is generally relieved by coffee, and becomes very troublesome when the use of coffee is stopped. Pure milk does not agree with many people. Chocolate without spice, which is generally substituted for coffee, is apt to occasion bloatedness, a feeling of fullness, and constipation ; moreover it becomes soon disagreeable. Coffee made of parched rye, corn, or barley, is too unsavory for dainty palates, and not sufficiently stimulating for spoiled stomachs. A mixture of corn-coffee and chocolate without spice is not very unpleasant. Many patients content themselves with a little broth in the place of coffee. In many cases the use of coffee may be continued, but it ought to be taken a little weaker than ordinarily. The same may be said of brandy and wine ; they ought to be perfectly pure, without any admixture of caraway, aroma or sulphur. A little pure weak hop-beer may be allowed if the patient be used to it. Tea has many medicinal properties, and can only be allowed with certain restrictions. Green or black tea may be used indiscriminately. *Mulder* has shown that both kinds of tea are of the same plant, and that the difference in color arises from the fact that the drying of the darker tea is carried on more precipitately.

Meat should not be forbidden, if it be not otherwise contrary to the patient or the disease. Even pork and goose-flesh may be allowed in some cases. Young meat is less nourishing than the boiled or roast meat of older animals. Veal-soup occasions diarrhoea, and mutton-soup costiveness in many cases; the physician will have to allow or forbid either accordingly.

Perfumes and medicinal tooth-powders have to be discontinued. Moderate smoking may be allowed, but neither immediately before nor immediately after taking the medicine. Snuff is generally mixed with aromatic substances, and should therefore not be used.

If infants at the breast are under treatment, their nurses have to observe a most rigorous diet, on account of the milk being so easily affected by heterogeneous substances. In other respects, patients should be very regular in all their habits, washing and sleeping, exercise, warm or light clothing, etc.

2. The diet which is once prescribed for the patient should never be departed from. The patient should never be allowed to take any thing by way of exception.

3. Every thing which has a tendency to prolong or excite the disease, should be carefully removed from the patient's presence. Excesses of any kind have to be avoided. Whatever disagrees with the patient should likewise be avoided. Fat and salt meat, pork and goose-flesh, should not be tasted by any who are treated for cutaneous eruptions.

4. Whatever interferes with the action of a remedy has to be avoided. Acids, for instance, neutralize Aconite, Kali, Natrium, and Ammonium. The action of Belladonna is increased by vinegar, that of Sepia by milk (according to Dufresne), that of Alumina by potatoes, etc. Whenever a particular organ is to be acted upon, every kind of nourishment which has a specific influence upon the same organ, should be omitted. Asparagus, parsley, and celery, are to be prohibited during the use of diuretics.

## NOTE TO THE READER.

The publication of this number of the *Homœopathic Examiner* has been delayed for an unusual length of time. The object of this delay has been to enable me to complete the translation of *Rau's Organon*, and to lay it before the profession as a welcome and useful addition to our American homœopathic literature. The essay "on the present internal condition of the Homœopathic School," will be sent to all the subscribers of the Examiner in a few weeks; it will be printed on the same paper and have the same form as the Examiner. The publication of Jahr's new work, and my daily professional business, have likewise engrossed so much of my time, that scarcely any time was left for Rau.

I shall not examine the merits of Rau's work in this note. That examination will be attended to in my essay. In general terms I will here state, however, that I consider Rau's work a valuable production, embodying much thought, much useful information, and a spirit of deep and independent research, which does honor to the author, and marks him as one of the most cultivated thinkers of our school, and a physician of sound heart and judgment. When Rau's work first appeared, a hue and cry was raised against it by a few timid and somewhat conceited men, who considered themselves the infallible representatives of pure homœopathy. But the time is fast approaching when Rau's effort to secure homœopathy an independent position in the realm of science, will be gratefully acknowledged. I am free to say, however, that I do not approve of all of Rau's conclusions; at the same time, I honor his manly independence, and the philosophical character of his reasoning.

Rau's work is an excellent publication to be placed in the hands of Allopathic physicians who wish to make themselves acquainted with the principles of homœopathy. It may be considered a transition-link between the ordinary text-books on Medicine and Hahnemann's *Organon*. Rau's *Organon* is a philosophical and argumentative exposition of the principles and practice of homœopathy. If such a man as Rau were living in the midst of us, we would most probably avail ourselves with eagerness of the opportunity of discussing with him the great question of Medical Reform. Why then should we not read his works with becoming attention? All thinking members of the Profession will, and will be amply rewarded for their trouble, by the suggestive richness of Rau's thoughtful and comprehensive mind.

CHARLES J. HEMPEL.

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